

Cyngor Gwledig LLANELLI Rural Council

Clerc i'r Cyngor
Mark Galbraith A.C.I.S.
Clerk to the Council

Adeiladau Vauxhall, Vauxhall, Llanelli, Sir Gaerfyrddin, SA15 3BD
Vauxhall Buildings, Vauxhall, Llanelli, Carmarthenshire SA15 3BD
Ffon / Tel.: 01554 774103
E.bost / E.mail: enquiries@llanelli-rural.gov.uk

Fy nghyf:
My ref:

Eich cyf:
Your ref:

Gofynnwch am:
Please ask for:

7 Mai, 2025

Annwyl Gynghorydd

Gelwir arnoch i gymryd rhan mewn Cyfarfod o'r **CYNGOR** a gynhelir yn Siambr y Cyngor, Adeiladau Vauxhall, Llanelli, a thrwy bresenoldeb o bell ar Ddydd Mawrth, 13 Mai, 2025, ar ddiwedd y Cyfarfod Blynyddol.

Yr eiddoch yn gywir

CLERC y CYNGOR

AGENDA

1. Derbyn ymddiheuriadau am absenoldeb.
2. Derbyn Datganiadau o Fudd Personol gan Aelodau o ran y materion sydd i'w trafod.
3. Cyfranogiad y Cyhoedd – cyfle i aelodau'r cyhoedd ofyn cwestiynau a chyflwyno sylwadau am unrhyw eitem o fusnes sydd i'w thrafod yn ystod cyfarfod heddiw ac sy'n agored i drafodaeth gyhoeddus. Mae eitemau busnes cyfrinachol wedi'u heithrio.
4. (1) Cadarnhau ac arwyddo'r Cofnodion canlynol fel cofnod cywir o'r cyfarfod:-

Y Cyngor	8 Ebrill, 2025	Tud. Rhif: 212 - 214
Y Pwyllgor Lles a Hamdden	15 Ebrill, 2025	Tud. Rhif: 215 - 217
Y Pwyllgor Polisi ac Adnoddau	16 Ebrill, 2025	Tud. Rhif: 218 - 219
Y Pwyllgor Cynllunio a Chyswllt	23 Ebrill, 2025	Tud. Rhif: 220 - 223
Y Pwyllgor Cyllid a Dibenion Cyffredinol	30 Ebrill, 2025	Tud. Rhif: 224 - 225
Y Pwyllgor Cynllunio a Chyswllt	12 Mai, 2025	I gael eu trafod



Mae Cyngor Gwledig Llanelli yn croesawu gohebiaeth yn Gymraeg neu yn Saesneg
Llanelli Rural Council welcomes correspondence in Welsh or English



**INVESTORS
IN PEOPLE**

- (2) Ystyried unrhyw faterion sy'n codi o'r Cofnodion er gwybodaeth yn unig.
5. Datganiad Cyfrifon (Cyfunol) ar gyfer y Flwyddyn a Ddaeth i Ben 31 Mawrth, 2024
(1) Derbyn a derbyn gwelliant i gyfrifon diwedd y flwyddyn.
(2) Derbyn ac ystyried adroddiad a barn archwilio'r Archwilydd Cyffredinol mewn perthynas â'r datganiad cyfrifon gan nodi bod y cyfrifon wedi'u llofnodi gyda barn ddiamod.
6. Bwrdd Iechyd Prifysgol Hywel Dda – Uned Anafiadau Bach (UAM) Ysbyty Tywysog Philip – ymhellach i Gofnod Rhif 376, i dderbyn dogfen ymgynghori gyhoeddus gan y Cyfarwyddwr Meddygol Gweithredol Dros Dro, Bwrdd Iechyd Prifysgol Hywel Dda ac i gytuno ar ymateb y cyngor ynghylch cynigion yn y dyfodol ar gyfer yr UAM.
7. Côd Ymddygiad yr Aelodau Gwahoddiad – derbyn ac ymateb i gwahoddiad a dderbyniwyd gan Mr R Edgecombe, Cyngor Sir Caerfyrddin.
8. Nodi er gwybodaeth amserlen o'r materion a nodwyd.
9. Nodi, er gwybodaeth, llythyr o ddiolch a dderbyniwyd gan y canlynol:-
(1) Pwll W.I.



Cyngor Gwledig LLANELLI Rural Council

Clerc i'r Cyngor
Mark Galbraith A.C.I.S.
Clerk to the Council

Adeiladau Vauxhall, Vauxhall, Llanelli, Sir Gaerfyrddin, SA15 3BD
Vauxhall Buildings, Vauxhall, Llanelli, Carmarthenshire SA15 3BD
Ffon / Tel.: 01554 774103
E.bost / E.mail: enquiries@llanelli-rural.gov.uk

Fy nghyf:
My ref:

Eich cyf:
Your ref:

Gofynnwch am:
Please ask for:

7 May, 2025

Dear Councillor

You are summoned to participate in a **COUNCIL** Meeting to be hosted at the Council Chamber, Vauxhall Buildings, Vauxhall, Llanelli, and via remote attendance on Tuesday, 13 May, 2025 at the conclusion of the Annual Meeting.

Yours sincerely

CLERK to the COUNCIL

AGENDA

1. To receive apologies for absence.
2. To receive Members' Declarations of Interest in respect of the business to be transacted.
3. Public Participation – an opportunity for members of the public to ask questions and make representations about any item of business to be transacted during today's meeting and which is open for public discussion. Confidential items of business are excluded.
4. (1) To confirm and sign the following Minutes as a true record of proceedings:-

Council	8 April, 2025	Page Nos: 212 - 214
Recreation and Welfare Committee	15 April, 2025	Page Nos: 215 - 217
Policy and Resources Committee	16 April, 2025	Page Nos: 218 - 219
Planning and Liaison Committee	23 April, 2025	Page Nos: 220 - 223
Finance and General Purposes Committee	30 April, 2025	Page Nos: 224 - 225
Planning and Liaison Committee	12 May, 2025	To be tabled



Mae Cyngor Gwledig Llanelli yn croesawu gohebiaeth yn Gymraeg neu yn Saesneg
Llanelli Rural Council welcomes correspondence in Welsh or English



- (2) To consider any matters arising from the Minutes for information purposes only.
- 5. Statement of Accounts (Consolidated) for the Year Ended 31 March, 2024 –
 - (1) To receive and accept and an amendment to the year end accounts.
 - (2) To receive and consider the Auditor General's report and audit opinion in regard to the statement of accounts noting the accounts have been signed off with an unqualified opinion.
- 6. Hywel Dda University Health Board – Prince Philip Hospital Minor Injury Unit (MIU) – further to Minute No. 376, to receive a public consultation document from the Interim Executive Medical Director, Hywel Dda University Health Board and to agree the council's response regarding future proposals for the MIU.
- 7. Members' Code of Conduct Training - Invitation – to receive and respond to the invitation received from Mr R Edgecombe, Carmarthenshire County Council.
- 8. To note for information the schedule of matters reported.
- 9. To note for information, letter of appreciation received from the following:-
 - (1) Pwll W.I.

Llanelli Rural Council

Statements of Accounts

For the year ended 31 March 2024

Llanelli Rural Council

Table of Contents

31 March 2024

	Page
Table of Contents.....	2
Council Information.....	3
Annual Governance Statement.....	4
Statement of Responsibilities.....	6
Statement of Accounting Policies.....	7
Income and Expenditure Account.....	10
Statement of Movement in Reserves.....	11
Statement of Total Recognised Gains and Losses.....	12
Balance Sheet.....	13
Notes to the Accounts.....	14
1 Other Costs Analysis.....	14
2 Interest Payable and Similar Charges.....	14
3 Interest and Investment Income.....	14
4 Agency Work.....	15
5 Related Party Transactions.....	15
6 Audit Fees.....	15
7 Employees.....	15
8 Members' Allowances.....	16
9 Pension Benefits.....	16
10 Tangible Fixed Assets.....	18
11 Financing of Capital Expenditure.....	19
12 Information on Assets Held.....	19
12 Information on Assets Held (Cont'd).....	20
13 Debtors.....	20
14 Creditors and Accrued Expenses.....	20
15 Long Term Liabilities.....	21
16 Deferred Grants.....	22
17 Financial Commitments under Operating Leases.....	22
18 Capital Financing Account.....	23
19 Usable Capital Receipts Reserve.....	23
20 Earmarked Reserves.....	23
21 Capital Commitments.....	24
22 Contingent Liabilities.....	24
23 Post Balance Sheet Events.....	24
Appendices.....	25

Llanelli Rural Council

Council Information

31 March 2024

(Information current at 26th June 2024)

Chairman

Clr M. V. Davies

Councillors

Clr S. N. Lewis (Vice Chairman)

Clr S. R. Bowen

Clr D. M. Cundy

Clr S. L. Davies

Clr T. M. Donoghue

Clr E. M. Evan

Clr A. Evans

Clr N. Evans

Clr R. E. Evans

Clr S. M. T. Ford

Clr J. P. Hart

Clr A. G. Morgan

Clr S. K. Nurse

Clr J. S. Phillips

Clr A. J. Rogers

Clr W. E. Skinner

Clr A. G. Stephens

Clr N. A. Stephens

Clr B. M. Williams

Clr O. Williams

Clerk to the Council

Mr Mark Galbraith. A.C.I.S

Responsible Financial Officer (R.F.O.)

Ms Alison Williams BA (Hons) (Bus. Studies)

Auditors

Audit Wales Office

1 Capital Quarter, Tyndall Street

Cardiff CF10 4BZ

Internal Auditors

Auditing Solutions Limited

Clackerbrook Farm, 46 The Common

Bromham Chippenham

Wiltshire SN15 2JJ

Llanelli Rural Council
Annual Governance Statement
31 March 2024

Scope of Responsibility

Llanelli Rural Council is responsible for ensuring that its business is conducted in accordance with the law and proper standards, that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively.

In discharging this overall responsibility, the Council is responsible for putting in place proper arrangements for the governance of its affairs, facilitating the effective exercise of its functions, and which includes arrangements for the management of risk.

The Council has approved and adopted a code of corporate governance which is consistent with the principles of the CIPFA/SOLACE Framework Delivering Good Governance in Local Government. This statement explains how the Council has complied with the code and also meets the requirements of regulation 5 (4) of the Accounts and Audit (Wales) Regulations 2014 in relation to the publication of a statement on internal control.

The purpose of the governance framework

The governance framework comprises the systems and processes, and culture and values, by which the Council is directed and controlled and its activities through which it accounts to, engages with and leads the community. It enables the Council to monitor the achievement of its strategic objectives and to consider whether those objectives have led to the delivery of appropriate, cost effective services.

The system of internal control is a significant part of that framework and is designed to manage risk to a reasonable level. It cannot eliminate all risk of failure to achieve policies, aims and objectives and can therefore only provide reasonable and not absolute assurance of effectiveness.

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to achievement of the Council's policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The governance framework has been in place at Llanelli Rural Council for the year ended 31 March 2024 and up to the date of approval of the annual report and accounts.

The governance framework

The key elements of Llanelli Rural Council's systems and processes that comprise the governance arrangements are:-

- The Council identifies its visions as part of its programme setting process and communicates its intentions and intended outcomes to its citizens and service users via its web site, local news leaflet and press releases.
- The definition and documenting of the roles within the authority are as contained within the Council's constitution document. The Council's disciplinary and grievance procedures cover the staff element and the Council Members are covered by the national code of conduct adopted by the Council.
- The Council procedures are updated when required to take account of changes in legislation and the changing needs of the authority. The Finance & General Purposes Committee acts as the Committee for assuring adherence with financial matters and is the Committee responsible also in regard to matters of complying with all laws and regulations.
- The Council has a complaints procedure for the public and whilst no formally whistle blowing procedure is in place the Council's grievance procedure would permit such matters to be dealt with properly.
- The Council has clear channels of communication with all sectors and welcomes the public to attend its meetings.
- The Council has agreed as a fundamental policy partnership working with other local authorities and organisations where benefit can be shown by such partnership working.

Llanelli Rural Council
Annual Governance Statement
31 March 2024

Review of effectiveness

Llanelli Rural Council has responsibility for conducting, at least annually, a review of the effectiveness of its governance framework including the system of internal control. The review of effectiveness is informed by the control exercised by members and the work of the internal auditor and the executive managers within the Council, who have responsibility for the development and maintenance of the governance framework. It is further enhanced by reports and comments made by the external auditors and other review agencies and inspectors.

We continue to be advised on the implications of the result of the review of the governance framework by the Council, relevant committees, officers and the internal auditor, and plan to address weaknesses as they arise and thus ensure continuous improvement of the system is in place.

Significant governance issues

To date no significant governance issues have been identified. As such issues arise, effective steps will be taken to ensure that matters are addressed, weaknesses eradicated and revised arrangements implemented at the earliest possible opportunity.

Approval of Statement

This statement was approved at a meeting of the council held on 26th June 2024 when authority was given for the Chairman and the Clerk to the Council to sign.

Signed:

M. V. Davies

Cllr M. V. Davies
Chairman

M. Galbraith

Mr Mark Galbraith. A.C.I.S
Clerk to the Council

Date:

23 April 2025

Llanelli Rural Council
Statement of Responsibilities
31 March 2024

The Council's Responsibilities

The council is required:

- to make arrangements for the proper administration of its financial affairs,
- to secure that one of its officers (R.F.O.) has the responsibility for the administration of those affairs. At this council that officer is the Finance Manager, and
- to manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets.

The Responsible Financial Officer's Responsibilities

The R.F.O. is responsible for the preparation of the council's Statements of Accounts in accordance with Part 4 of the Governance and Accountability for Local Councils – A Practitioners Guide (Wales) (the guide), so far as is applicable to this council, to present a true and fair view of the financial position of the council at 31 March 2024 and its income and expenditure for the year then ended.

In preparing the Statements of Accounts, the R.F.O. has:

- selected suitable accounting policies and then applied them consistently,
- made judgements and estimates that were reasonable and prudent, and
- complied with the guide.

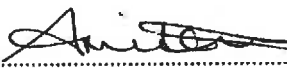
The R.F.O. has also:

- kept proper accounting records, which were up to date, and
- taken reasonable steps for the prevention and detection of fraud and other irregularities.

Responsible Financial Officer's Certificate

I hereby certify that the Statements of Accounts for the year ended 31 March 2024 required by the Accounts and Audit Regulations 2014 (as amended) are set out in the following pages.

I further certify that the Statements of Accounts present a true and fair view of the financial position of Llanelli Rural Council at 31 March 2024, and its income and expenditure for the year ended 31 March 2024.

Signed: 

Ms Alison Williams BA (Hons) (Bus. Studies)- Finance Manager

Date: 23 April 2025

Llanelli Rural Council
Statement of Accounting Policies
31 March 2024

Accounting Convention

The accounts have been prepared, in accordance with FRS102 The Financial Reporting Standard applicable in the UK and Republic of Ireland, as interpreted and adapted by Section 1A of FRS102 and by Part 4 of Governance and Accountability for Local Councils - A Practitioners Guide (Wales) (the Practitioners' Guide).

These accounts have been prepared having regard to the fundamental accounting concepts of: Going Concern, Prudence, Accruals, Relevance, Consistency, Reliability, Comparability, Understandability and Materiality.

The accounts have been prepared under the historical cost convention.

Fixed Assets

All expenditure on the acquisition, creation or enhancement of fixed assets above the council de-minimis (currently £1000) is capitalised on an accruals basis in the accounts. Expenditure on fixed assets is capitalised, provided that the fixed asset yields benefits to the authority, and the services it provides, for a period of more than one year.

In accordance with FRS102 depreciation is provided on all operational buildings (but not land), as well as other assets.

Following the adoption of the FRS102, as interpreted by the guide, the council has elected to retain the book value of fixed assets at the balance sheet valuations current on 31st March 2009 together with subsequent acquisitions and enhancements at cost, in accordance with the transitional provisions of paragraph 4.40 of the guide.

Disposals of fixed assets are reported in the Income and Expenditure Account and, in accordance with the guide, the net book value of asset disposals is reversed out to the Capital Financing Account in order not to constitute a charge to the council's revenue reserves.

Depreciation Policy

Buildings and leasehold land are depreciated over the shorter of 50 years or the anticipated remaining useful lives on a straight line basis.

Llanelli Cemetery Land and Buildings are not depreciated.

Freehold land is not depreciated.

Non Operational Assets (including Investment Properties) are not depreciated.

Vehicle, plant, equipment and furniture are depreciated over 4 to 10 years on a straight line basis.

Play equipment is depreciated over 10 years at 10% per annum straight line.

Infrastructure assets are depreciated over 10 to 25 years at 4% to 10% per annum straight line.

Community assets are not depreciated, because they are either intrinsic or purely nominal value.

Other Llanelli Cemetery assets are depreciated by 100% in the year of purchase.

Grants or Contributions from Government or Related Bodies

Capital Grants

The council has elected, as permitted under the guide, to continue with the previous policy with regard to capital grants. Where a fixed asset has been acquired or improved with the financing either wholly or in part by a grant or contribution from government or a related body, the amount of the grant has been credited to Deferred Grants Account and carried forward. Grants so credited are released back to revenue over the life of the asset to match, and thereby offset wholly or in part, depreciation charged.

Revenue Grants

Revenue grants are credited to income when conditions attached thereto have been fulfilled and/or equivalent expenditure has been incurred. Grants received in respect of which the conditions have not been fulfilled, or expenditure incurred, are carried forward as deferred revenue grants.

Llanelli Rural Council
Statement of Accounting Policies
31 March 2024

Debtors and Creditors

The revenue accounts of the council are maintained on an accruals basis in accordance with the regulations. That is sums due to or from the council during the year are included whether or not the cash has actually been received or paid in the year. This policy is applied consistently each year. Therefore, it will not have a material effect on the year's accounts or on the council's annual budget.

The council reviews the level of its commercial debtors on a regular basis and provisions are made, as required, where the likelihood of amounts proving ultimately collectable is in doubt.

Value Added Tax

Income and Expenditure excludes any amounts related to VAT, as all VAT suffered/collected is recoverable from or payable to HM Revenue and Customs. Any amounts not so recoverable are treated as a separate expense.

External Loan Repayments

The council accounts for loans on an accruals basis. Details of the council's external borrowings are shown at note 15.

Leases

Rentals payable under operating leases are charged to revenue on an accruals basis. Details of the council's obligations under operating leases are shown at note 17.

Reserves

The council maintains certain reserves to meet general and specific future expenditure. The purpose of the council's reserves is explained in notes 18 to 20.

Certain reserves are maintained to manage the accounting processes for tangible fixed assets, available for sale investments and retirement benefits. They do not represent usable resources for the council:

Capital Financing Account – represent the council's investment of resources in such assets already made.

Pension Fund Reserve – represents the council's interest in the net assets/liabilities in the fund in which it participates.

Interest Income

All interest receipts are credited initially to general funds.

Interest is reallocated to certain reserves based on the level of their fund balance.

Cost of Support Services

The costs of management and administration have been apportioned to services on an appropriate and consistent basis.

This apportionment is not reflected in the Income and Expenditure account, but is used for Management Accounting and Annual Report purposes only.

Post Balance Sheet Events

Events after the Balance Sheet date are those events, both favourable and unfavourable, that occur between the end of the reporting period and the date when the Statement of Accounts is authorised for issue. Such events are included in these accounts only to the extent that their omission would have a material affect on and understanding of these accounts.

Llanelli Rural Council
Statement of Accounting Policies
31 March 2024

Pensions

The pension costs that are charged against precept in the council's accounts, in respect of its employees, are equal to the contributions paid to the funded pension scheme for those employees.

These contributions are determined by the fund's actuary on a triennial basis and are set to meet 100% of the liabilities of the pension fund, in accordance with relevant government regulations.

The next actuarial valuation is due at 31st March 2025 and any change in contribution rates as a result of that valuation will take effect from 1st April 2026.

The Local Government scheme is accounted for as a defined benefit scheme.

The liabilities of the Dyfed Pension Fund attributable to the council are included in the balance sheet on an actuarial basis using the Projected Unit Method.

Liabilities are discounted to their value at current prices, using a discount rate (based on the indicative rate of return on a high quality corporate bond).

The assets of the pension fund attributable to the council are included in the balance sheet at their fair value.

In relation to retirement benefits, for purposes of calculating the precept the Income and Expenditure is required to be charged with the actual amount payable by the council to the pension fund for the year, not the amount calculated according to the relevant accounting standard. This means there are entries to remove these notional transactions from the Income and Expenditure Account and transfer them to the Pension Reserve.

Llanelli Rural Council
Income and Expenditure Account
31 March 2024

	Notes	2024 £	2023 £
Income			
Precept on County Council		1,122,755	1,094,894
Grants Receivable		71,144	62,866
Interest & Investment Income	3	23,006	3,078
Charges made for Services		1,272,232	1,302,765
Other Income		892	5,952
Total Income		<u>2,490,029</u>	<u>2,469,555</u>
Expenditure			
Direct Service Costs:			
Salaries & Wages		(1,033,052)	(884,498)
Grant-aid Expenditure		(4,238)	(40,743)
Other Costs	1	(780,213)	(743,143)
Democratic, Management & Civic Costs:			
Salaries & Wages		(686,059)	(846,521)
Other Costs	1	(303,794)	(373,253)
Total Expenditure		<u>(2,807,356)</u>	<u>(2,888,158)</u>
Excess of (Expenditure over Income) for the year.		(317,327)	(418,603)
Exceptional Items			
(Loss)/Profit on the disposal of fixed assets		-	13,911
Pension fund financing		35,000	(74,000)
Net Operating (Deficit) for Year		(282,327)	(478,692)
STATUTORY CHARGES & REVERSALS			
Statutory Charge for Capital (i.e. Loan Capital Repaid)	18	(106,781)	(58,014)
Capital Expenditure charged to revenue	11	(67,791)	(124,474)
Reversal of annual depreciation and impairment		173,067	190,609
Reverse profit on asset disposals		-	(13,911)
Reversal of grant amortisation		(36,884)	(4,370)
Transfer from Earmarked Reserves	20	139,450	29,786
Reversal of Defined Benefit costs		24,000	378,000
(Deficit) for the Year (from) General Fund		<u>(157,266)</u>	<u>(81,066)</u>
Net (Deficit) for the Year		<u>(296,716)</u>	<u>(110,852)</u>
The above (Deficit) for the Year has been (funded) for the Year (from) as follows:			
Transfer from Earmarked Reserves	20	(139,450)	(29,786)
(Deficit) for the Year (from) General Fund		(157,266)	(81,066)
		<u>(296,716)</u>	<u>(110,852)</u>

Llanelli Rural Council
Statement of Movement in Reserves
31 March 2024

Reserve	Purpose of Reserve	Notes	2024 £	Net Movement in Year £	2023 £
Capital Financing Account	Store of capital resources set aside to purchase fixed assets	18	2,347,437	38,389	2,309,048
Usable Capital Receipts	Proceeds of fixed assets sales available to meet future capital investment	19	417	-	417
Earmarked Reserves	Amounts set aside from revenue to meet general and specific future expenditure	20	510,902	(139,450)	650,352
Pensions Reserve	Balancing account to allow inclusion of Pension Liability in the Balance Sheet	9	1,441,000	707,000	734,000
General Fund	Resources available to meet future running costs		733,401	(157,266)	890,667
Total			5,033,157	448,673	4,584,484

Llanelli Rural Council
Statement of Total Recognised Gains and Losses
31 March 2024

	Notes	2024 £	2023 £
Net Operating (Deficit) for Year		(282,327)	(478,692)
Actuarial gains	9	731,000	3,680,000
Total recognised gains for the year		448,673	3,201,308

Llanelli Rural Council

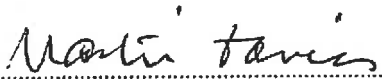
Balance Sheet


31 March 2024

	Notes	2024 £	2024 £	2023 £
Fixed Assets				
Tangible Fixed Assets	10		3,085,116	3,131,218
Current Assets				
Debtors and prepayments	13	300,654		301,246
Cash at bank and in hand		<u>1,783,603</u>		<u>1,684,257</u>
		2,084,257		1,985,503
Current Liabilities				
Current Portion of Long Term Borrowings	15	(159,982)		(60,813)
Creditors and income in advance	14	<u>(420,628)</u>		<u>(422,379)</u>
Net Current Assets			1,503,647	1,502,311
Total Assets Less Current Liabilities			4,588,763	4,633,529
Long Term Liabilities				
Long-term borrowing	15		(630,736)	(426,686)
Deferred Grants	16		(365,870)	(356,359)
Pension Fund Net Assets	9		1,441,000	734,000
Total Assets Less Liabilities			<u>5,033,157</u>	<u>4,584,484</u>
Capital and Reserves				
Capital Financing Reserve	18		2,347,437	2,309,048
Pensions Reserve	9		1,441,000	734,000
Usable Capital Receipts Reserve	19		417	417
Earmarked Reserves	20		510,902	650,352
General Reserve			<u>733,401</u>	<u>890,667</u>
			5,033,157	4,584,484

The Statements of Accounts represent a true and fair view of the financial position of the Council as at 31 March 2024, and of its Income and Expenditure for the year.

These accounts were approved by the Council on 26th June 2024 .

Signed: 
Cllr M. V. Davies
Chairman


Ms Alison Williams BA (Hons) (Bus. Studies)
Responsible Financial Officer

Date: 23 April 2025

23 April 2025

Llanelli Rural Council

Notes to the Accounts

31 March 2024

1 Other Costs Analysis

Other Costs reported in the council's Income and Expenditure Account comprise the following:

Direct Service Costs

	2024	2023
	£	£
Community Centres	87,921	88,898
Outdoor Sports & Recreation Facilities	219,857	245,535
Community Parks & Open Spaces	49,109	9,644
Cemeteries	(60,178)	(41,240)
Community Development	22,913	11,286
Street Lighting	38,697	14,438
Training Department	426,132	455,325
Less: Grant-aid Expenditure	(4,238)	(40,743)
Total	780,213	743,143

Democratic, Management & Civic Costs

	2024	2023
	£	£
Corporate Management	227,109	283,278
Democratic Representation & Management	9,444	43,772
Civic Expenses	9,877	8,897
Civic Allowance	2,000	2,000
Members' Allowances	14,163	11,010
Interest Payable	41,201	24,296
Total	303,794	373,253

As reported in the Statement of Accounting Policies, apportionment of central costs is not reflected in the above analysis.

2 Interest Payable and Similar Charges

	2024	2023
	£	£
External Interest Charges - Loans	41,201	24,296
	41,201	24,296

3 Interest and Investment Income

	2024	2023
	£	£
Interest Income - General Funds	18,530	2,550
Interest Income - Earmarked Funds	4,476	528
	23,006	3,078

Llanelli Rural Council

Notes to the Accounts

31 March 2024

4 Agency Work

During the year the Council undertook no agency work on behalf of other authorities.

During the year the Council commissioned no agency work to be performed by other authorities.

5 Related Party Transactions

The council entered into no material transactions with related parties during the year.

6 Audit Fees

The council is required to report and disclose the cost of services provided by its external auditors.

These may be summarised as follows:

	2024 £	2023 £
Fees for statutory audit services	3,460	10,630
Total fees	<u>3,460</u>	<u>10,630</u>

7 Employees

The average weekly number of employees during the year was as follows:

	2024 Number	2023 Number
Full-time	42	40
Part-time	6	5
Temporary	-	-
	<u>48</u>	<u>45</u>

All staff are paid in accordance with nationally agreed pay scales.

No officer received a salary between £60,000 and £64,999.

The number of officers whose remuneration, excluding pension contributions, was £60,000 or more were:

Between £65,000 and £69,999	-	1
Between £70,000 and £74,999	1	-

Senior officer emoluments where salary is between £60,000 and £150,000 per year were

	2024 Salary (incl allowances)	2024 Pension Contributions	2023 Salary (incl allowances)	2023 Pension Contributions
Clerk to the Council	<u>74,417</u>	<u>10,578</u>	<u>69,684</u>	<u>10,035</u>

Llanelli Rural Council

Notes to the Accounts

31 March 2024

The ratio of Clerk to the Council remuneration to the median remuneration was as follows:

	2024	2023
Clerk to the Council	74,417	69,684
Median remuneration of all employees	27,313	24,559
Ratio of the remuneration of the Clerk to the Council to the median remuneration of all employees	2.72 :1	2.84 :1

8 Members' Allowances

	2024	2023
	£	£
Members of Council have been paid the following allowances for the year:		
Chair's Allowance	1,000	1,000
Deputy Chair's Allowance	500	500
Council Leader's Allowance	500	500
Members' Allowances	14,163	11,010
	<u>16,163</u>	<u>13,010</u>

9 Pension Benefits

In accordance with FRS102, Llanelli Rural Council is required to disclose certain information concerning assets, liabilities, income and expenditure related to pension schemes for its employees.

Llanelli Rural Council participates in the Local Government Pension Scheme, which is administered by Dyfed Pension Fund. The Local Government Pension Scheme is a defined benefit scheme based on final pensionable salary. The most recent valuation was carried out as at 31st March 2022, and has been updated by Mercer Ltd, independent actuaries to Dyfed Pension Fund Pension Fund, to take account of the requirements of FRS102 in order to assess the liabilities of the Fund as at 31 March 2024. Liabilities are valued on an actuarial basis using the projected unit method, which assesses the future liabilities discounted to their present value.

The main assumptions used for the purposes of FRS102 are as follows:

Financial Assumptions

	31 March 2024	31 March 2023
	% p.a.	% p.a.
Discount Rate	4.90	4.80
Rate of increase in salaries	4.20	4.20
Rate of increase in pensions	2.80	2.80
Rate of increase in deferred pensions	-	-
Rate of inflation	2.70	2.70

Llanelli Rural Council

Notes to the Accounts

31 March 2024

The following amounts were measured in accordance with the requirements of FRS102:

AMOUNTS INCLUDED IN THE COUNCIL'S BALANCE SHEET

PENSION FUND NET ASSETS

Summary of Dyfed Pension Fund's Pension Fund Balance Sheet applicable to the council	31 March 2024 (£000s)	31 March 2023 (£000s)	31 March 2022 (£000s)
Share of assets	9,824	8,845	9,197
Estimated liabilities	(8,383)	(8,111)	(11,765)
Net pensions (deficit)/surplus	1,441	734	(2,568)

PENSION FUND RESERVE

Movement in Surplus/Deficit during the year

	2024 (£000s)	2023 (£000s)
Surplus/Deficit at 01 April 2023	734	(2,568)
Current Service Cost	(251)	(468)
Employer Contributions	-	164
Past Service/Curtailment Cost	(5)	(4)
Net Interest/Return on Assets	40	(70)
Actuarial Gain	731	3,680
Surplus at 31 March 2024	1,441	734

AMOUNTS REPORTED IN THE COUNCIL'S

INCOME & EXPENDITURE ACCOUNT

Pension Revenue Items during the year

Operating Costs

	2024 (£000s)	2023 (£000s)
Current Service Cost	(251)	(468)
Curtailment Service Cost	(5)	(4)
Total Cost	(256)	(472)

Financing Gain/(Cost)

Expected Return on Assets	425	257
Interest on Pension Liabilities	(385)	(327)
	40	(70)

Llanelli Rural Council

Notes to the Accounts

31 March 2024

NON-REVENUE MOVEMENTS IN RESERVES

Statement of Actuarial Gains

	2024 (£000s)	2023 (£000s)
Asset Gain/(Loss)	537	(600)
Liability (Loss)	(41)	(740)
Change in Assumptions	235	5,020
Net Gain	731	3,680

10 Tangible Fixed Assets

	Operational Freehold Land and Buildings	Operational Leasehold Land and Buildings	Vehicles and Equipment	Infra- structure Assets	Community Assets	Other	Total
	£	£	£	£	£	£	£
Cost							
At 31 March 2023	2,636,597	1,295,953	1,666,209	1,035,464	14,726	-	6,648,949
Additions	-	63,752	63,213	-	-	-	126,965
Disposals	-	-	(21,595)	-	-	-	(21,595)
At 31 March 2024	2,636,597	1,359,705	1,707,827	1,035,464	14,726	-	6,754,319
Depreciation							
At 31 March 2023	(655,333)	(490,356)	(1,525,827)	(846,215)	-	-	(3,517,731)
Charged for the year	(46,300)	(23,938)	(68,399)	(34,430)	-	-	(173,067)
Eliminated on disposal	-	-	21,595	-	-	-	21,595
At 31 March 2024	(701,633)	(514,294)	(1,572,631)	(880,645)	-	-	(3,669,203)
Net Book Value							
At 31 March 2024	1,934,964	845,411	135,196	154,819	14,726	-	3,085,116
At 31 March 2023	1,981,264	805,597	140,382	189,249	14,726	-	3,131,218

Although classified as capital expenditure, certain minor equipment purchases are not included in the above as they are not material in overall value.

Fixed Asset Valuation

The freehold and leasehold properties that comprise the council's properties have been valued as at 31st March 2006 by external independent valuers, Messrs Lambert Smith Hampton, Chartered Surveyors. Valuations have been made on the basis set out in the Statement of Accounting Policies, except that not all properties were inspected. This was neither practical nor considered by the valuer to be necessary for the purpose of valuation. Plant and machinery that form fixtures to the building are included in the valuation of the building.

Assets Held under Finance Agreements

The council holds no such assets

Llanelli Rural Council

Notes to the Accounts

31 March 2024

11 Financing of Capital Expenditure

	2024	2023
	£	£
The following capital expenditure during the year:		
Fixed Assets Purchased	126,965	137,974
	<u>126,965</u>	<u>137,974</u>
was financed by:		
Capital Receipts	-	13,500
Capital Grants	59,174	-
Loan Proceeds	12,375	-
Revenue:		
Joint Committee Funds	623	18,095
Equipment Replacement Reserve	7,005	22,995
Precept and Revenue Income	47,788	83,384
	<u>126,965</u>	<u>137,974</u>

12 Information on Assets Held

Fixed assets owned by the council include the following:

Operational Land and Buildings

Council Offices Vauxhall

Felinfoel Community Resource Centre

Works Depots – 1

Changing Rooms – at 1 recreation ground

Community Centres – 8

Dwyfor Growing Space

Llanelli Cemetery (Jointly owned with Llanelli Town Council)

Llanelli Crematorium (Jointly owned with Llanelli Town Council)

Vehicles and Equipment

Cars – 4

Light Vans – 4

Commercial Vehicles - 3

Public Service Vehicles - 1

Tractors – 1

Sundry grounds maintenance equipment

Play Equipment

Llanelli Cemetery Equipment (Jointly owned with Llanelli Town Council)

Llanelli Rural Council

Notes to the Accounts

31 March 2024

12 Information on Assets Held (Cont'd)

Infrastructure Assets

Street lights - 348

Footpaths – 135

Llanelli Cemetery infrastructure (Jointly owned with Llanelli Town Council)

Community Assets

Recreation grounds and playing fields – 7

Childrens' play areas - 7

13 Debtors

	2024	2023
	£	£
General Debtors	73,762	22,669
Training Department Debtors	155,511	201,404
Cemetery Debtors	30,966	26,563
Trade Debtors	260,239	250,636
VAT Recoverable	28,048	35,957
Other Debtors	(358)	(498)
Prepayments	4,453	15,151
Accrued Income	8,272	-
	300,654	301,246

14 Creditors and Accrued Expenses

	2024	2023
	£	£
Trade Creditors	83,088	51,751
Other Creditors	184,297	171,617
Superannuation Payable	24,322	19,026
V A T Payable	3,479	9,626
Payroll Taxes and Social Security	30,507	24,951
Accruals	58,733	60,268
Accrued Interest Payable	7,055	-
Income in Advance	29,147	85,140
	420,628	422,379

Llanelli Rural Council

Notes to the Accounts

31 March 2024

15 Long Term Liabilities

	2024	2023
	£	£
Public Works Loan Board	790,718	487,499
	<u>790,718</u>	<u>487,499</u>

	2024	2023
	£	£
The above loans are repayable as follows:		
Within one year	159,982	60,813
From one to two years	169,088	63,747
From two to five years	285,088	161,098
From five to ten years	143,910	137,903
Over ten years	32,650	63,938
	<u>790,718</u>	<u>487,499</u>
Total Loan Commitment	790,718	487,499
Less: Repayable within one year	(159,982)	(60,813)
	<u>630,736</u>	<u>426,686</u>
Repayable after one year		

16 Deferred Grants

	2024	2023
	£	£
Capital Grants Unapplied		
At 01 April	21,689	21,689
Grants received in the year	46,395	-
Applied to finance capital investment	(59,174)	-
At 31 March	<u>8,910</u>	<u>21,689</u>
Capital Grants Applied		
At 01 April	334,670	339,040
Grants Applied in the year	59,174	-
Released to offset depreciation	(36,884)	(4,370)
Extinguished and/or transferred	-	-
At 31 March	<u>356,960</u>	<u>334,670</u>
Total Deferred Grants		
At 31 March	365,870	356,359
At 01 April	<u>356,359</u>	<u>360,729</u>

Capital Grants are accounted for on an accruals basis and grants received have been credited to Deferred Grants Account. Amounts are released from the Deferred Grants Account to offset any provision for depreciation charged to revenue accounts in respect of assets that were originally acquired with the assistance of such grants.

Llanelli Rural Council

Notes to the Accounts

31 March 2024

17 Financial Commitments under Operating Leases

The council had annual commitments under non-cancellable operating leases of property as follows:

	2024	2023
	£	£
Obligations expiring after five years	17,500	17,500
	<u>17,500</u>	<u>17,500</u>

The council had annual commitments under non-cancellable operating leases of equipment as follows:

	2024	2023
	£	£
Obligations expiring between two and five years	10,883	2,335
	<u>10,883</u>	<u>2,335</u>

18 Capital Financing Account

	2024	2023
	£	£
Balance at 01 April	2,309,048	2,299,305
Financing capital expenditure in the year		
Additions - using capital receipts	-	13,500
Additions - using revenue balances	67,791	124,474
Loan repayments	106,781	58,014
Disposal of fixed assets	(21,595)	(41,200)
Depreciation eliminated on disposals	21,595	41,194
Reversal of depreciation	(173,067)	(190,609)
Deferred grants released	36,884	4,370
Balance at 31 March	<u>2,347,437</u>	<u>2,309,048</u>

The Capital Financing Account represents revenue and capital resources applied to finance capital expenditure or for the repayment of external loans. It also includes the reversal of depreciation to ensure it does not impact upon the amount to be met from precept. It does not represent a reserve that the council can use to support future expenditure.

19 Usable Capital Receipts Reserve

	2024	2023
	£	£
Balance at 01 April	417	-
Capital receipts (asset sales) during the year	-	13,917
Less:		
Capital used to fund expenditure	-	(13,500)
Balance at 31 March	<u>417</u>	<u>417</u>

The Usable Capital Receipts Reserve represents capital receipts available to finance capital expenditure in future years.

Llanelli Rural Council

Notes to the Accounts

31 March 2024

20 Earmarked Reserves

	Balance at 01/04/2023	Contribution to reserve	Contribution from reserve	Balance at 31/03/2024
	£	£	£	£
Capital Projects Reserves	137,672	385,385	(377,402)	145,655
Asset Renewal Reserves	21,605	-	(7,005)	14,600
Other Earmarked Reserves	491,075	124,249	(264,677)	350,647
Total Earmarked Reserves	650,352	509,634	(649,084)	510,902

The Capital Projects Reserves are credited with amounts set aside from revenue to part finance specific projects which are part of the council's capital programme.

The Other Earmarked Reserves are credited with amounts set aside from revenue to fund specific known commitments of the council.

The Other Earmarked Reserves at 31 March 2024 are set out in detail at Appendix A.

21 Capital Commitments

The council had no capital commitments at 31 March 2024 not otherwise provided for in these accounts.

22 Contingent Liabilities

The council is not aware of any contingent liabilities at the date of these accounts.

23 Post Balance Sheet Events

There are no significant Post Balance Sheet events since the preparation of these accounts, up to the date of their final adoption (on 26th June 2024), which would have a material impact on the amounts and results reported herein.

Llanelli Rural Council

Appendices

31 March 2024

Appendix A

	<u>Balance at</u> <u>01/04/2023</u>	<u>Contribution</u> <u>to reserve</u>	<u>Contribution</u> <u>from reserve</u>	<u>Balance at</u> <u>31/03/2024</u>
	£	£	£	£
<u>Llanelli Joint Burial Committee</u> <u>(Llanelli Rural Council share)</u>				
General Fund	120,373	262,245	(246,279)	136,339
Redevelopment	117,772			117,772
Infrastructure	15,130			15,130
Monument Repairs	1,854			1,854
Training/Consultancy	20,215			20,215
Share due to LTC	(137,672)	123,140	(131,123)	(145,655)
	<u>137,672</u>	<u>385,385</u>	<u>(377,402)</u>	<u>145,655</u>
<u>Other Earmarked Reserves</u>				
Community Halls	6,280		(6,280)	0
Committed Grants	12,361	2,891	(9,476)	5,776
Capital Schemes	1,950			1,950
Dafen Pitch R & R	3,590	6,342		9,932
Parks & Play Areas	213,150	55,637	(64,237)	204,550
Vauxhall Buildings	64,157		(48,477)	15,680
Resources	7,220		(7,220)	0
Global	170,662	59,379	(120,732)	109,309
	<u>479,370</u>	<u>124,249</u>	<u>-256,422</u>	<u>347,197</u>
Council Earmarked Reserves				
Training Department Earmarked Reserves	33,310		(15,260)	18,050
	<u>512,680</u>	<u>124,249</u>	<u>(271,682)</u>	<u>365,247</u>
TOTAL EARMARKED RESERVES (Consolidated)	<u>650,352</u>	<u>509,634</u>	<u>(649,084)</u>	<u>510,902</u>

Llanelli Rural Council

31 March 2024

Annual Report Tables

Table 1 – Budget & Actual Comparison

	Budget £	Actual £
Net Expenditure		
Recreation & Sport	978,816	790,823
Open Spaces	11,316	107,467
Cemetery, Cremation & Mortuary	60,510	46,491
Planning & Development Services (including Markets)	42,070	82,805
Highways Roads (Routine)	115,966	107,765
Street Lighting	24,614	38,697
Training Department	56,283	174,696
Net Direct Services Costs	1,289,575	1,348,744
Corporate Management	-	(72,863)
Democratic & Civic	72,734	87,006
Non Distributed Costs	-	59,000
Net Democratic, Management and Civic Costs	72,734	73,143
Interest & Investment Income	(970)	(23,006)
Loan Charges	194,190	147,982
Capital Expenditure	204,773	67,791
Transfers to/(from) other reserves	(469,187)	(139,450)
Reversal of Statutory Adjustments	(153,302)	(195,183)
(Deficit from) General Reserve	(15,058)	(157,266)
Precept on County Council	1,122,755	1,122,755

Llanelli Rural Council

31 March 2024

Annual Report Tables

Table 2 – Service Income & Expenditure

Notes	2024 £	2024 £	2024 £	2023 £
	Gross Expenditure	Income	Net Expenditure	Net Expenditure
CULTURAL & RELATED SERVICES				
Recreation & Sport	956,858	(166,035)	790,823	831,051
Open Spaces	118,409	(10,942)	107,467	32,252
ENVIRONMENTAL SERVICES				
Cemetery, Cremation & Mortuary	122,827	(76,336)	46,491	41,511
PLANNING & DEVELOPMENT SERVICES				
Community Development	82,805	-	82,805	69,845
HIGHWAYS, ROADS & TRANSPORT SERVICES				
Highways Roads (Routine)	107,765	-	107,765	95,254
Street Lighting	38,697	-	38,697	14,438
OTHER SERVICES				
Training Department	1,234,375	(1,059,679)	174,696	38,002
CENTRAL SERVICES				
Corporate Management	(42,410)	(30,453)	(72,863)	(45,047)
Democratic & Civic	61,789	-	61,789	93,461
Civic Expenses	26,040	(823)	25,217	17,512
Non Distributed Costs	59,000	-	59,000	304,000
Net Cost of Services	2,766,155	(1,344,268)	1,421,887	1,492,279

Auditor General's report and audit opinion

I certify that I have completed the audit of the Annual Return for the year ended 31 March 2024 of **Llanelli Rural Community Council**. My audit has been conducted on behalf of the Auditor General for Wales and in accordance with the requirements of the Public Audit (Wales) Act 2004 (the 2004 Act) and guidance issued by the Auditor General for Wales.

Audit opinion: Unqualified

On the basis of my audit, in my opinion no matters have come to my attention to give cause for concern that, in any material respect, the information reported on pages 10 to 24 of the Statements of Accounts:

- has not been prepared in accordance with proper practices;
- that relevant legislative and regulatory requirements have not been met;
- is not consistent with the Council's governance arrangements; and
- that the Council does not have proper arrangements in place to secure economy, efficiency and effectiveness in its use of resources.

Other matters and recommendations

There are no further matters I wish to draw to the Council's attention.

 Richard Harries, Director, Audit Wales For and on behalf of the Auditor General for Wales	Date: 14/04/2025
--	------------------

Dear stakeholder,

Share your views on the future of Llanelli's Minor Injury Unit

A public consultation on four options for the future of minor injury care at Prince Philip Hospital (PPH), Llanelli, will launch on Monday (28 April 2025).

The 12-week consultation will run until 22 July 2025 with events being held in our community and online. A questionnaire will be available for you and members of our community to share your views with us. There will also be focus groups and meetings with community groups and stakeholders.

The Minor Injury Unit at Prince Philip Hospital provides treatment for minor injuries such as cuts, sprains and minor burns. It has been operating with changed opening hours on a temporary basis since November 2024. The current opening hours are from 8am to 8pm every day, as opposed to 24/7, primarily due to staffing, quality and safety concerns.

We are consulting with staff, our local community and stakeholders, from Monday, on four proposed options for the future of the service.

They are:

- Option 1 - Doctor-led 12 hours (current temporary model)
- Option 2 - Doctor-led 14 hours
- Option 3 - Doctor-led phased (initially 12 hours, increasing to 14 hours, then 24 hours as staffing allows)
- Option 4 - Urgent care centre (Same Day Urgent Care type model) 14 hours

*All options less than 24-hours will also include an additional two hours of staffing to treat people who attend the unit towards the end of opening hours

People will have an opportunity to share their views on the proposed options and any impacts they may have, as well as propose alternative options.

Members of the public can attend the public drop-in events to have a cup of tea or coffee and ask Health Board staff, including clinicians, any questions about the options, or to offer new ideas.

Events will be held between 3pm and 6pm (drop in anytime) on:

- Thursday, 8 May - New Cross Hands Working Men's Club, 41 Llandeilo Road, Cross Hands, Llanelli, SA14 6RD
- Monday, 12 May – Selwyn Samuel Centre, Lleidi Suite, Park Crescent, Llanelli, SA15 3AE
- Friday, 16 May – Ammanford Pensioners' Hall, Quay Street, Ammanford, SA18 3EN
- Monday, 19 May – Burry Port Memorial Hall Parc-Y-Minos Street, Burry Port, SA16 0BN

Online events will be held on:

- Tuesday, 6 May 6.30pm-8pm
- Tuesday, 20 May 1pm-2.30pm
- Thursday, 22 May 10am-11.30am

You can read more, and register for an online event, from Monday 28 April, when the consultation launches. More information will be available online at hduhb.nhs.wales/PPHMIU or you can call 0300 303 8322, option 5, local call rates.

The consultation follows engagement and option development that has taken place with our staff, patients and community representatives, including campaign groups during recent months.

Together, they considered a longer list of 12 options, four of which were developed by community representatives. They scored them, based on criteria such as safety, sustainability, and patient focus, resulting in four options for consultation.

In the meantime, the current temporary opening hours at the MIU, of 8.00am-8.00pm will continue. If you live in, near, or are visiting Llanelli and have a minor injury in the daytime, you can continue to walk into the Minor Injury Unit at Prince Philip Hospital.

If your minor injury occurs between 8.00pm and 8.00am and cannot wait until the next day, please use:

- the NHS Wales symptom checker online <https://111.wales.nhs.uk/selfassessments>
- or call NHS 111 Wales for advice (choose option 2 for mental health support)

In a life-threatening emergency, whether you are an adult, young person, or for a child, always dial 999.

The hospital's Acute Medical Assessment Unit (AMAU) is unaffected by these changes. It still provides 24 hour a day treatment for very sick adult medical patients, such as those who have suffered a stroke or heart attack. The service must be accessed via 999, 111 or GP referral.

Following conscientious consideration of the consultation and its findings, the Board will consider all feedback and evidence collected during the consultation before making a final decision, planned for the Board meeting in September 2025.

If you have any questions about this consultation, or need additional printed copies of our consultation documents, please contact our Engagement team by email: hyweldda.engagement@wales.nhs.uk or call 0300 303 8322, option 5, local call rates.

Thank you for taking the time to share your views and ideas with us. We look forward to meeting you at one of our events.

Kind regards,

Mr Mark Henwood
Interim Executive Medical Director

Minor Injury Unit - Prince Philip Hospital Consultation Questionnaire

Hywel Dda University Health Board (the Health Board) provides health services for people across Carmarthenshire, Ceredigion, and Pembrokeshire and also for nearby communities. This consultation is about how we could provide services at the Minor Injury Unit at Prince Philip Hospital in Llanelli in the future. Following a temporary change, opening hours changed from 24 hours a day seven days a week to a 12-hour service available 8am to 8pm seven days a week.



The urgent and temporary change to opening hours was made because of concerns about quality and safety, raised by Healthcare Inspectorate Wales (HIW). In addition to the safety and quality issues, there were a lack of doctors available to work overnight at the unit, meaning the risk to safety was greater. We are seeking your views on the best model for the Minor Injury Unit at Prince Philip Hospital. We have four options that have been developed that we would like your feedback on. We are also open to new ideas that have not yet been considered.

In this consultation, we want you to tell us:

- which proposed option you think best addresses the challenges the Minor Injury Unit at Prince Philip Hospital faces will improve patient and staff safety, help with staff shortages and address the concerns from Health Inspectorate Wales
- concerns you may have about any of the options, or impacts you think they may have
- anything else you think we need to consider, including alternative options or ideas you may have.

For information about the consultation, please read our consultation document that accompanies this questionnaire and/or go online to: [hduhb.nhs.wales/PPHMIU](https://www.hduhb.nhs.wales/PPHMIU)

If you wish to receive a paper copy or you need a more accessible format, please call us on 0300 303 8322 (local call rates) and select option 5 'other services'.

To give your feedback, please complete the questionnaire below by **22 July 2025**.

The views of people responding in a personal capacity will be anonymous, and as such, you should not reveal any personally identifiable information about yourself within the free text boxes, just your views are needed. However, feedback from representatives of organisations or someone acting in an official capacity, may be shared. We will use your views and new ideas,

along with the supporting evidence we have gathered, to inform our decision on a long-term solution for how we provide services at the Minor Injury Unit at Prince Philip Hospital.

All the questions are optional and all information you provide will be processed in accordance with latest data protection legislation. Information will only be used to inform this consultation, and any personal information that could identify you will be kept for no more than one year after any decisions have been finalised. For further information, please see hduhb.nhs.wales/about-us/governance-arrangements/your-information-your-rights/privacy-notice

Minor Injury Unit at Prince Philip Hospital

Please read the consultation document for more information including travel, funding and timescales for each option.

Minor Injury Units provide care for injuries that need attention urgently but are not critical or life threatening. The Minor Injury Unit at Prince Philip Hospital in Llanelli provides care to adults and children over 12 months old with minor injuries such as:

- minor wounds
- minor bites and stings (from humans, insects, or animals)
- minor burns or scald
- minor head injuries / scalp laceration
- foreign bodies in the ear or nose
- minor limb injuries
- minor eye injuries

A Minor Injury Unit is not an Emergency Department (Accident and Emergency, A&E), it can only treat minor injuries, as listed above.

Following the temporary change to opening hours in November 2024, the service is currently open 12 hours, 8am to 8pm, seven days a week. As part of the option development process the following options were developed:

- **Option 1 - Doctor-led service available every day for 12 hours**

This is the how the service is currently being delivered. This option helps address staff shortages that the Minor Injury Unit has faced and helps to address some of the concerns raised by Health Inspectorate Wales. This option does mean that members of the community who have a minor injury whilst the unit is closed would have to travel further to access care at other hospital sites, if unable to wait until the unit is open.

- **Option 2 - Doctor-led service available every day for 14 hours**

This option would mean the service is open to the public from 7am-9pm, and for 2 hours longer than is currently being provided and described in Option 1. This would help to address staff shortages, but to a lesser extent than Option 1, as well as address some of the concerns raised by Health Inspectorate Wales. The option would still mean members of the community who have a minor injury whilst the unit is closed would have to travel further to access care at other hospital sites, if unable to wait until the unit is open, but this would be reduced from a 12-hour period to 10-hour period.

- **Option 3 - Doctor-led phased service, available every day initially for 12 hours, increasing to 14 hours, and then 24 hours**

This option would aim to return the service back to its previous operating hours pre-November 2024. This would be done in a phased way, allowing more time to address staff shortages. Once back to a 24-hour service this would mean that members of the community wouldn't need to travel further to access a minor injury unit overnight. However, when operating at a 24-hour service, this wouldn't address the concerns raised by Health Inspectorate Wales and would require doctors to work overnight, which is one of the reasons for the staff shortages.

- **Option 4 - Urgent care centre (Same Day Urgent Care* type model) available every day for 14 hours a day**

This option would be a new way to deliver the service and would see the Minor Injury Unit and the Same Day Emergency Care (SDEC)* services come together. SDEC provides tests and treatments for adult patients with medical problems that do not require hospital admission and can be accessed via a patient's GP. This would allow for more injuries/illnesses that need attention urgently but are not critical or life threatening, to be seen and treated, than the current service offers. Like Option 2 this would help to address staff shortages, but to a lesser extent than Option 1, as well as address some of the safety concerns raised by Health Inspectorate Wales. The option would still mean members of the community who have a minor injury whilst the unit is closed would have to travel further to access care at other hospital sites, if unable to wait until the unit is open, but this would be reduced from a 12-hour period to 10-hour period.

** Same Day Urgent Care services provide immediate care for non-life-threatening illnesses on the same day you need help. Patients can be referred in by other professionals or attend on the day. They can diagnose and deal with many of the common problems including minor injuries normally seen at a minor injury unit as well as minor illness. Patients can be assessed,*

diagnosed, and treated and then they can return home the same day. They may be given a plan of care involving referrals to other services if necessary. These services will also develop links with community services so that patients can have tests and treatments for certain conditions, avoiding the need to come to the hospital.

0% answered

1. Which option for Minor Injury Unit at Prince Philip Hospital do you believe best meets the objectives of a sustainable service, considering staff shortages and patient and staff safety?

- Option 1
- Option 2
- Option 3
- Option 4
- No particular preference
- Don't know

2. Please share your reasons for why you believe this option best meets the objectives of the consultation.

3. How could we increase the benefits of this option?

4. How could we reduce any negative impacts of this option?

5. Do you have any alternative ideas that would better meet the objectives of the consultation?

6. Additional considerations

If you have any further comments about any of the options please share them below. For example, things that you think we have not considered, comments about the hospital, transport and access, environmental impacts and opportunities, local facilities to support patients, visitors, staff and the wider community.

7. Considering equalities and human rights

Please read pages 20 to 22 of the consultation document for more information.

As a public body, NHS organisations have a duty to take into account the impact of their decisions on people with protected characteristics under the Equality Act 2010 (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation), as well as the Human Rights Act, and comply with the Welsh Language Standards under the Welsh Language (Wales) Measure 2011.

Are there particular groups of people that you believe might be positively or negatively affected by any of the options being considered? If so, what groups are these and how might any positive impacts be improved or any negative impacts reduced?

8. Information about you

If you are responding on behalf of an organisation, which organisation do you represent? Please give us the name of the organisation and any specific group or department. Please also tell us who the organisation represents, what area the organisation covers and how you gathered the views of members.

Next



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Future options for the Minor Injury Unit at Prince Philip Hospital, Llanelli

Consultation document

Get in touch: Getting the information you need

This document is available in Welsh and on our website in alternative formats such as audio and easy read versions.



This document is also available in additional languages (including Arabic, British Sign Language, Polish, Ukrainian, and Russian). You can view these documents on our website by scanning the QR code or visiting hduhb.nhs.wales/PPHMIU.

To request printed versions of any documents (we include several web links to documents in this publication), or if you have any problems in accessing information in an accessible format for your needs, please call us on 0300 303 8322 (option 5), charged at local call rates.

يتوفر ملخص لهذه الوثيقة باللغة العربية على موقعنا الإلكتروني – hduhb.nhs.wales/PPHMIU – أو يمكنك طلب نسخة ورقية عن طريق الاتصال بنا على ٠٣٠٠ ٣٠٣ ٨٣٢٢. (رسوم المكالمات المحلية). إذا كنت تريد منا توضيح أي جزء من المستند، يرجى الاتصال بنا

Informacje w języku polskim dostępne są na naszej stronie internetowej hduhb.nhs.wales/PPHMIU możesz też poprosić o wersję drukowaną, dzwoniąc pod numer 0300 303 8322 (opłaty za połączenia lokalne). Skontaktuj się z nami, jeśli chcesz, abyśmy wyjaśnili jakąkolwiek część dokumentu.

Информация на русском языке доступна на нашем сайте hduhb.nhs.wales/PPHMIU Либо, печатный экземпляр данного документа можно получить, позвонив нам по телефону 0300 303 8322 (по местному тарифу). Просим связаться с нами, если вам необходимо пояснение каких-то частей документа

Інформація українською мовою доступна на нашому сайті hduhb.nhs.wales/PPHMIU - або ви можете запросити друковану копію, зателефонувавши нам за номером 0300 303 8322 (місцеві тарифи дзвінків). Будь ласка, зв'яжіться з нами, якщо ви хочете, щоб ми пояснили будь-яку частину документа.

This consultation is about the Minor Injury Unit at Prince Philip Hospital and how we deliver healthcare that is safe, sustainable, accessible and kind. The consultation runs until 22 July 2025, so we need to hear your views before then. Check our webpages or call us to find an event near you or an online event. If your organisation or community group would like to know more about the consultation, please get in touch on the contact points below.

More information is on page 23, but you can share your views by:

- ▶ completing the questionnaire online: hduhb.nhs.wales/PPHMIU or as a printed copy (you can request a printed copy by contacting us by email or telephone) posting it to: FREEPOST HYWEL DDA HEALTH BOARD (you will not need a stamp)
- ▶ emailing us: hyweldda.engagement@wales.nhs.uk
- ▶ speaking to us at one of our events (visit the website above for an event near you or online), or by telephoning 0300 303 8322 (option 5) (local call rates)

Contents

Welcome	4
Introduction	5
What is a Minor Injury Unit?	6
What is this consultation about?	6
Why do we need to change the current service?	7
What has been done since the temporary change in opening hours?	7
How the options were developed	9
How do the options compare with one another?	13
Scoring the options	18
Seeking your views on options	19
Who we want to talk with and listen to	19
What we want to know	20
Equalities impacts – protected characteristics	20
What happens next?	22
How you can get involved	23
Privacy Statement - what happens with your feedback?	23
We are listening	24
How we will feedback to you	24

Welcome

Thank you for your interest in our consultation on how we could provide services at the Minor Injury Unit at Prince Philip Hospital, Llanelli in the future.

We are seeking your views on the best model for the Minor Injury Unit at Prince Philip Hospital following a temporary reduction in opening hours (from 24 hours a day to 12 hours a day) that was agreed by our Board in September 2024 and introduced on 1 November 2024 for a period of six months, while options were developed for the Unit's future.

The urgent and temporary change to opening hours was made because of concerns about quality and safety, raised by Healthcare Inspectorate Wales (HIW). In addition to the safety and quality issues, there were a lack of doctors available to work overnight at the Unit, meaning the risk to safety was greater. There has been ongoing attempts to recruit doctors nationally but it has not been possible to recruit enough doctors who are willing to work overnight at the Unit.

Introducing temporary and urgent service change can be difficult and is only done when we feel that we have no other option to ensure the safety and quality of our services. We are grateful to members of our communities, and our staff, for their continued support during the change to the opening hours.

In November 2024, the Board considered how the longer-term options for the service delivery model at the Minor Injury Unit could be developed. To support this work, three groups were established a:

- ▶ a Steering Group, chaired by the Interim Executive Medical Director, with members of clinical and support staff, together with Llais (an independent statutory body, set up by the Welsh Government to give the people of Wales more say in the planning and delivery of their health and social care services), and Save Our Services Prince Philip Action Network (SOSPPAN) representatives.
- ▶ a Project Group, chaired by the Hospital Director at Prince Philip Hospital with members of clinical and support staff, together with Llais and SOSPPAN representatives.
- ▶ an options appraisal stakeholder group including members of Llais, SOSPPAN, and people who had expressed an interest in being part of the options development process.

At the Public Board meeting in March 2025, our Board considered if we could re-instate the 24-hours every day opening hours at the Minor Injury Unit. Board members decided, largely based on staffing pressures and that a robust 24 hour rota is not in place, that it could not return to the original opening hours. The Board agreed that the temporary change to opening hours of 12 hours a day seven days a week should remain until a long term option can be implemented.

Thank you to everyone who has contributed their time and feedback to help develop the options that we are now seeking your views upon. This includes the feedback received from members of our community who attended the drop-in events in October 2024, and more recently in March 2025.

No decisions about the future model for the Minor Injury Unit have yet been made and we want to talk to you - our staff, patients, wider communities, organisations we work with, and people who have an interest in health and well-being in our area.

Please tell us what you think about the options in this consultation and how they might affect you, or any new ideas you may have, by completing our questionnaire by 22 July 2025.

Dr Neil Wooding,
Chair

Professor Philip Kloer,
Chief Executive

Mr Mark Henwood,
Interim Executive Medical Director

Introduction

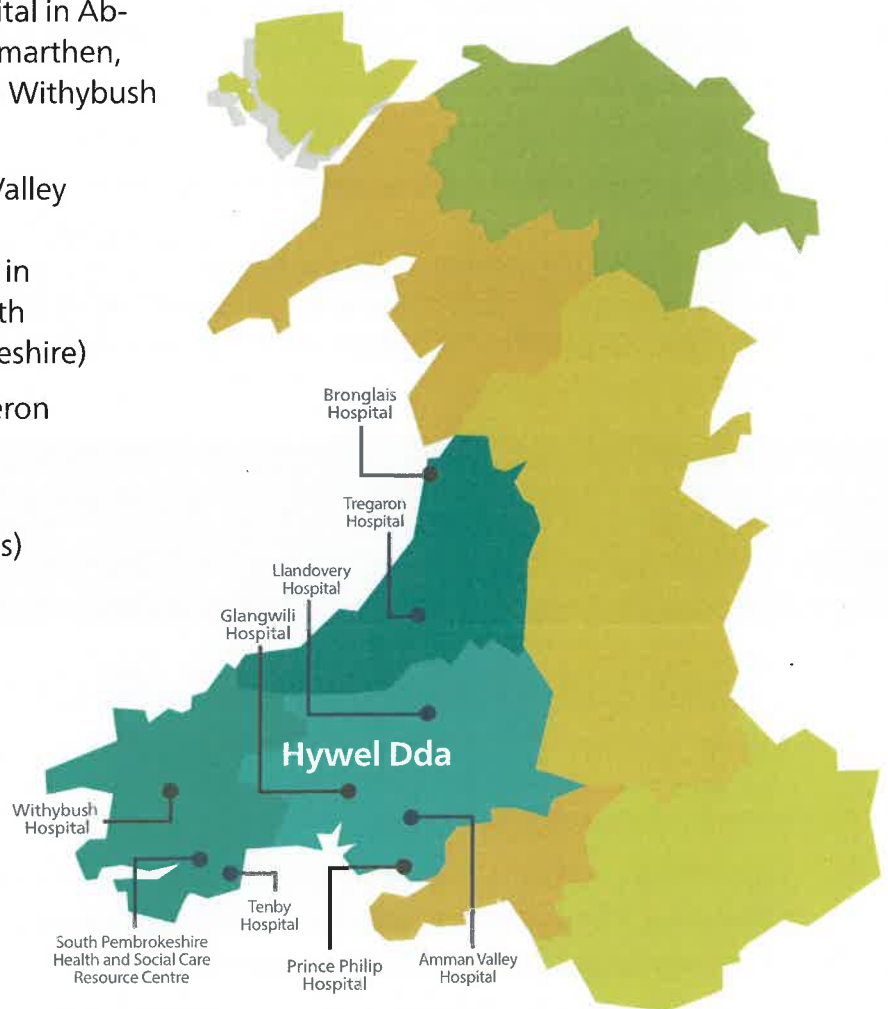
Hywel Dda University Health Board is your local NHS organisation.

We plan, organise, and provide health services for almost 400,000 people. This is across a quarter of the landmass of Wales in Carmarthenshire, Ceredigion, Pembrokeshire, as well as to communities on our borders in south Gwynedd, north Powys, and Swansea/Neath Port Talbot.

Our communities are quite spread out in rural areas. Almost half our population (49.10%) live in Carmarthenshire, 32.23% live in Pembrokeshire and 18.7% in Ceredigion. We manage and pay for the care and treatment that people receive in this area for physical health, mental health and learning disabilities.

We currently provide services through:

- ▶ four main hospitals (Bronglais Hospital in Aberystwyth, Glangwili Hospital in Carmarthen, Prince Philip Hospital in Llanelli, and Withybush Hospital in Haverfordwest)
- ▶ five community hospitals (Amman Valley Hospital and Llandovery Hospital in Carmarthenshire, Tregaron Hospital in Ceredigion, Tenby Hospital and South Pembrokeshire Hospital in Pembrokeshire)
- ▶ two integrated care centres (Aberaeron and Cardigan, both in Ceredigion)
- ▶ community facilities, including:
 - ▶ 46 General Practices (GP surgeries)
 - ▶ 38 Dental Practices
 - ▶ 97 Community Pharmacies (chemists)
 - ▶ 43 General Ophthalmic Practices (including eye health and low vision services)
 - ▶ 9 Ophthalmic Domiciliary providers
 - ▶ 38 sites providing mental health and learning disability services
- ▶ care within your own homes.



Highly specialised services, such as some major trauma treatment, cardiac (heart) care, specialised eye treatments, and complex burns, are mostly organised through the NHS Wales Joint Commissioning Committee. These services can be provided outside our area, for example in Swansea, Cardiff, or even outside Wales such as in Bristol.

What is a Minor Injury Unit?

Minor Injury Units provide care for injuries that need attention urgently but are not critical or life threatening. They tend to be walk-in services, but people can call ahead to book slots in some cases. In Hywel Dda we have Minor Injury Units at all our larger hospitals, and also provide similar services through Same Day Emergency/Urgent Care services.

The Minor Injury Unit at Prince Philip Hospital in Llanelli provides care to adults and children over 12-months old with minor injuries such as:

- ▶ minor wounds
- ▶ minor bites and stings (from humans, insects, or animals)
- ▶ minor burns or scald
- ▶ minor head injuries / scalp laceration
- ▶ foreign bodies in the skin, eye, ear or nose
- ▶ minor limb injuries
- ▶ minor eye injuries

Minor injury units are run by an experienced team of highly skilled specially trained emergency nurse practitioners, triage nurses and health care support workers. Prince Philip Hospital, in Llanelli, is a doctor-led unit. A doctor-led unit can also treat patients who have more complex cases of the injuries listed above and non-urgent medical problems. A Minor Injury Unit is not an Emergency Department (Accident and Emergency (A&E)), it can only treat minor injuries, as listed above.

Did you know?

Minor injury units are run in different ways. Some are run by doctors and nurses, while others are run by nurses.

What is this consultation about?

This consultation is about how we could provide services at the Minor Injury Unit at Prince Philip Hospital in Llanelli in the future.

Following a temporary change to opening hours - changing from 24 hours a day, seven days a week - to a 12-hour service available 8am to 8pm seven days a week, we now need to agree a service model that is fit for the longer term.

We have four options that have been developed with our stakeholder groups that we would like your feedback on. We are also open to new ideas that have not been considered as part of the development process, more information can be found on page 9. The Acute Medical Assessment Unit and Out of Hours GP service at Prince Philip Hospital are not part of this consultation.

Did you know?

The Acute Medical Assessment Unit (AMAU) treats very sick medical patients at Prince Philip Hospital and is open 24 hours, 7 days a week. It is not a walk-in service. Patients are referred to the AMAU through 111, 999, or their GP.

Why do we need to change the current service?

The recent service model that operated for 24 hours a day, seven days a week, at the Minor Injury Unit at Prince Philip Hospital was not sustainable for several reasons. This led to the urgent and temporary change to opening hours in November 2024.

The reasons for the change can be summarised as:

- ▶ Workforce fragility and clinical risks
- ▶ Workforce working outside (and/or under) their scope of practice
- ▶ Inappropriate attendance of Mental Health patients
- ▶ Concerns over the safety of the Unit raised by the Healthcare Inspectorate Wales (HIW) inspection June 2023 including:
 - ▶ Concerns around clinical safety raised by the Nursing and Midwifery Council to the HIW
 - ▶ Timely and effective care provided to patients who were in the Minor Injury Unit who should have been treated elsewhere (medical and surgical patients), known as 'majors'
 - ▶ The quality of the environment for treating medical and surgical patients
 - ▶ Lack of overnight support for Emergency Nurse Practitioners when doctors were not available.

You can read the full Board paper in the supporting documents section of our website at hduhb.nhs.wales/PPHMIU.

The Board at its meeting in September 2024, agreed to a temporary change of opening hours at the Minor Injury Unit. It also agreed to work with staff and members of our community to develop a series of options for the future service model for the Unit.

What has been done since the temporary change in opening hours?

In November 2024, the Board received another report that explained the approach for developing the long-term options for the service delivery model at the Minor Injury Unit. This paper is also available in the supporting documents section of our website at hduhb.nhs.wales/PPHMIU.

The Board agreed to the establishment of:

- ▶ a Steering Group, chaired by the Interim Executive Medical Director to make decisions about the process needed to deliver the project and to shape the scope of clinical and public engagement.
- ▶ a Project Group, chaired by the Hospital Director at Prince Philip Hospital, which has been responsible for developing and delivering the options appraisal process for the Board.

This process aimed to identify long-term clinical models for the Minor Injury Unit that would provide a safe, sustainable, accessible, and kind service, meeting the needs of the population of Llanelli and surrounding communities, as well as meeting health and care quality standards.

A continuous engagement process has been carried out with various stakeholders, including:

- ▶ partner organisations (including Swansea Bay University Health Board and Welsh Ambulance Services University NHS Trust),
- ▶ patient and community representatives identified through an expression of interest process,
- ▶ members of SOSPPAN,
- ▶ Llais,
- ▶ staff from both within the Unit and the wider Prince Philip Hospital staff community and trade union representatives.

Together, these representatives formed the options appraisal stakeholder group and members of the local community were invited to express their interest in joining the group. A total of 42 people were part of the options appraisal group, including 11 community and SOSPPAN representatives.

As part of the process to safely manage the changes to the Minor Injury Unit following the temporary change and to support the options development and scoring, data was gathered and presented during the final workshop to show the impact on both the Minor Injury Unit and other services. This includes the demand on Emergency Department services at both Glangwili and Morriston Hospitals.

What did our data tell us?

The data showed that:

- ▶ the overall demand for services was similar between November/December 2023 and November/December 2024
- ▶ attendance levels at the Minor Injury Unit have reduced but this reflects the overnight closure
- ▶ the levels of patients attending the Acute Medical Assessment Unit at Prince Philip Hospital is consistent with previous levels
- ▶ the number and proportion of patients who have major conditions attending the Minor Injury Unit have decreased
- ▶ waiting times at the Minor Injury Unit have decreased slightly and there has been no increase in waiting times in Glangwili for Llanelli patients
- ▶ four-hour and 12-hour breaches (the time people are waiting to be seen) in the Minor Injury Unit have reduced
- ▶ 111 data show a slight increase in total calls since the temporary change
- ▶ slight decrease in 111 calls being transferred to the Minor Injury Unit, reflecting the overnight closure
- ▶ increase in 111 calls being transferred to 999 or emergency department, reflective of the majors who used to attend the Minor Injury Unit overnight
- ▶ there has been no increase in Llanelli patients attending Morriston.

More information can be found within the supporting documents section of the consultation website at hduhb.nhs.wales/PPHMIU.



How the options were developed

The options appraisal process developed a series of options for delivering healthcare at the Minor Injury Unit based on principles of care that are safe, sustainable, accessible, and kind. The options also need to meet the recommendations of the Healthcare Inspectorate Wales (HIW) inspection report, which highlighted patient safety issues.

The scope and process for the options development and appraisal activities were agreed by the Steering Group.

The Steering Group agreed that the options developed should:

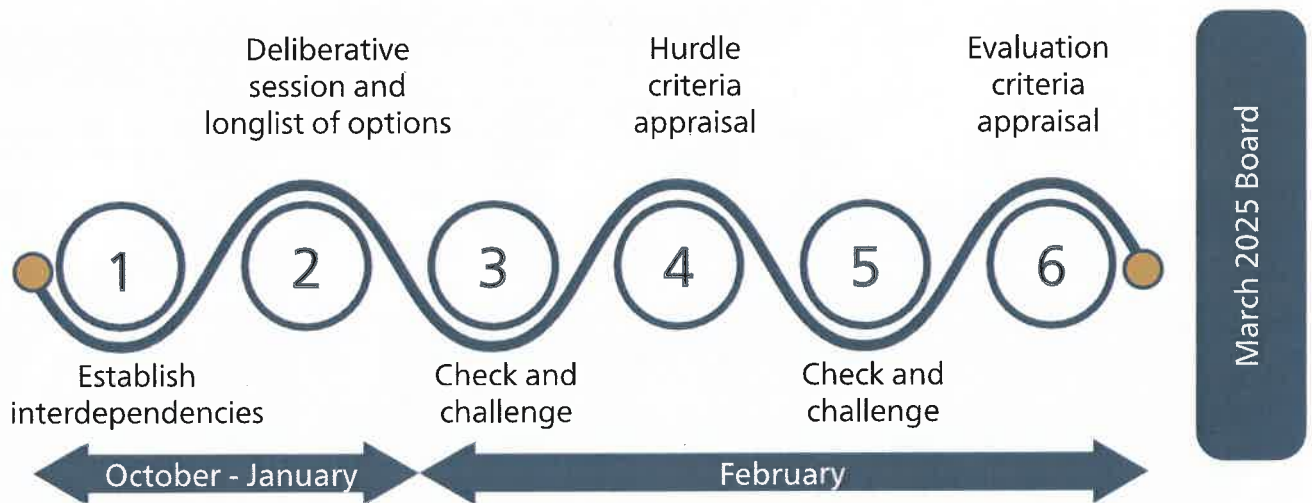
- ▶ Respond to staffing and skill mix availability
- ▶ Respond to the needs of patients who arrive at the Minor Injury Unit
- ▶ Respond to the HIW inspection report findings
- ▶ Improve patient safety and reduce clinical risk

At the same time, the Steering Group agreed that the following were out of scope of the options development, and are not part of this consultation:

- ▶ Changes to the Acute Medical Assessment Unit (AMAU)
- ▶ Re-establishment of a full Emergency Department (Accident and Emergency A&E) at Prince Philip Hospital
- ▶ Changes to GP Out-of-Hours (OOH) / 111 service provided at Prince Philip Hospital
- ▶ Complete closure of the Minor Injury Unit at Prince Philip Hospital
- ▶ Moving the Minor Injury Unit away from Prince Philip Hospital

This approach is based on continuous engagement and enables individuals to share information throughout the process to influence decision-making, even if they are not part of the stakeholder group appraising options. This was done through survey responses, conversations at public drop-in events, meetings with community groups, and with our Community Development and Outreach team.

The process followed is summarised in this diagram:



There were two stages to the option development phase. The first phase involved staff who work at the Minor Injury Unit, and staff from the broader Prince Philip Hospital community (including clinical staff, therapies, and service managers), who developed a long list of possible options.

The second phase included the options appraisal stakeholder group who attended a series of workshops to consider the longlist of options, suggest additional options, and produce the shortlist of options that we are seeking your views on in this consultation. The options appraisal stakeholder group included our staff, members of Llais and SOSPPAN, and people from the Llanelli community who had expressed an interest in being part of the process.

You can read more about the detail of the workshops and the process followed in the Board paper presented to the Board in March 2025 and is available in the supporting documents on our website at hduhb.nhs.wales/PPHMIU.

During the first phase, involving staff, an initial longlist of eight potential options, including the original 24 hours a day, seven days a week model and the temporary 12-hour model, were developed by a clinically led group.

During the second phase, that included members of our community, a further four options were proposed, and accepted as being within the scope, at the longlist check and challenge session with the wider options appraisal stakeholder group.

These 12 options were then reviewed against hurdle criteria. Hurdle criteria are the minimum criteria that must be met by the proposed option. This was to ensure that only viable and deliverable options would be taken forward for ongoing development ahead of a shortlisting process, which looked at the remaining options in greater detail.

Hurdle criteria

The hurdle criteria, reviewed by the Steering Group and used in the workshop session were:

Clinically sustainable – is the potential option clinically sustainable?

- ▶ Does it allow progress towards delivering quality standards?
- ▶ Does it consider any co-dependencies?
- ▶ Will workforce be available to deliver it?

Deliverable – can this potential option be implemented?

- ▶ Will it be clinically deliverable within the required timescale (6-12 months)?
- ▶ Is it operationally deliverable within a medium-term timeframe of 6-12 months (e.g. any capital or estate requirements can be secured and implemented within that timeframe)?

Accessible – is the potential option accessible?

- ▶ Does the option provide access within the required timescale?
- ▶ Will it support a reduction in waiting times?
- ▶ Does it support equity of access?

Strategically aligned – is the potential option a strategic fit?

- ▶ Does the option support the strategic direction or at least not contradict it?
- ▶ Does the option support integrated prevention to improve population health or at least not contradict it?

Financially sustainable – is the preferred option financially sustainable?

- ▶ Does the option support the effective use of financial resources?

The four options that passed the hurdle criteria were put through the second check and challenge session. The four options are:

- ▶ Option 1: a 12-hour doctor led unit (previously known as option C) – the unit is open to the public for 12 hours; with a further two hours staffing to allow patients in the unit to be treated.
- ▶ Option 2: a 14-hour doctor led unit (previously known as option B) – the unit is open to the public for 14 hours; with a further two hours staffing to allow patients in the unit to be treated.
- ▶ Option 3: a doctor led phased option from 12 hours up to 24 hours (previously known as option L) – this unit would initially be open for the current 12 hours, plus two hours staffing, moving to 14 hours, with a further two hours staffing, and ultimately 24 hours overall.
- ▶ Option 4: 'urgent' care/treatment centre 14 hour (SDUC type model) (previously known as option I) – the unit is open to the public for 14 hours; with a further two hours to allow patients in the unit to be treated.

The eight options that failed to meet the hurdle criteria and would not be considered as alternative options are:

- ▶ A 24-hour Doctor led unit (previously known as option A) – the unit is open to the public for 24 hours. A return to the service before the temporary change without phasing.
- ▶ A 24-hour Nurse led unit (previously known as option D) – the unit is open to the public for 24 hours; but would be led by Emergency Nurse Practitioners with reduced scope of practice of the current doctor led unit.
- ▶ A 16-hour Nurse led unit (previously known as option E) – the unit is open to the public for 14 hours with a further two hours to follow up with patients in the unit; this would be led by Emergency Nurse Practitioners with reduced scope of practice of the current doctor led unit.
- ▶ A 12-hour Nurse led unit (previously known as option F) – the unit is open to the public for 12 hours with a further two hours to follow up with patients in the unit; this would be led by Emergency Nurse Practitioners with reduced scope of practice of the current doctor led unit.
- ▶ A 24-hour Same Day Urgent Care type model (previously known as option G) – this is the same as option 4, but would be available 24 hours a day.
- ▶ A 12-hour Doctor led unit (previously known as option H) – This is the same as option 4, but would be available 12 hours a day with a further two hours to follow up with patients in the unit.
- ▶ A 16-hour Same Day Urgent Care type model (previously known as option J) – this is the same as option 4, but would be available 14 hours a day with a further two hours to follow up with patients in the unit, as well as minor injuries.
- ▶ A 24-hour Phone First Urgent Care model (previously known as option K) – this is the same as the service before the temporary change, but rather than patients being able to walk-in, people would call in advance to access care.

How do the options compare with one another?

While we do not have a preferred option, an initial scoring exercise was held with the options appraisal stakeholder group to understand if there is a difference between the four proposed options.

After the second check and challenge session the shortlisted four options were scored at a session with the stakeholder group. The options were scored using a series of evaluation criteria that were aligned to themes found within Quality Impact Assessments, namely: Safe, Timely, Effective, Efficient, Equitable and Person Centred (STEEEP):

STEEP domain	Category
Safe	<ul style="list-style-type: none"> ▶ Impact on internal services (e.g. AMAU, A&E) ▶ Impact on external services (e.g. other health boards, Welsh Ambulance Services University NHS Trust)
Timely	<ul style="list-style-type: none"> ▶ Reduction in waiting time
Effective	<ul style="list-style-type: none"> ▶ Compliance with or achievement of standards
Efficient	<ul style="list-style-type: none"> ▶ Workforce sustainability – substantive workforce available to meet solution in 6 – 12 months ▶ Financial sustainability – the difference in cost between the current model and the proposed option
Equitable	<ul style="list-style-type: none"> ▶ Addressing barriers to equality ▶ Impact on population health outcomes
Person centred	<ul style="list-style-type: none"> ▶ Patient demand to require service

The appraisal criteria were weighted during the final shortlisting session and used to score the options.

Here, we outline the key features of each option using the presentations of the options shared during the final scoring session.

The red, amber, and green category describes whether the data gathered during the process suggests that the option will meet the criteria, for example on staff or finance. Green means that the data suggests that the option would support the criteria to be met. Amber means that the data suggests the option would support the criteria to be met but with risks if the service was used the same way as it was before the temporary change. Red means that the data suggests that the option would not meet the criteria.

Option 1: a 12-hour doctor led unit

This model is based on the current 12-hours a day, seven days a week doctor led unit, with a further two hours staffing to allow patients in the unit to be treated. This would be in line with temporary closure model that has been in place since 1 November 2024 and open from 8am to 8pm every day.

The opening hours were based on reduced attendance numbers between the hours of 8pm and 8am, before the temporary change was introduced.

Unit open to public	8am – 8pm, seven days a week	
Unit staffing hours	8am - 10pm, seven days a week	
Impact on internal services	<ul style="list-style-type: none"> ▶ No negative impacts on other services ▶ Reduction in seriously ill patients following change 	Green
Impact on external services	<ul style="list-style-type: none"> ▶ No negative impacts on other services ▶ Evidence that people are being redirected safely 	Green
Reduction in waiting times	<ul style="list-style-type: none"> ▶ Evidence that waiting times have reduced ▶ Fewer patients waiting over 4 and 12 hours 	Green
Compliance / attainment of standards	<ul style="list-style-type: none"> ▶ More robust medical workforce position ▶ Closure overnight prevents unwell patients staying in the unit while they await treatment 	Green
Workforce sustainability	<ul style="list-style-type: none"> ▶ Workforce currently available with some additional training needs ▶ Would not need additional recruitment in Same Day Emergency Care (SDEC) service 	Green
Financial sustainability	<ul style="list-style-type: none"> ▶ Would not require the use of agency or bank staff with full rota ▶ Would be financially sustainable due to reduced operating hours 	Green
Addressing barriers to equality / population health	<ul style="list-style-type: none"> ▶ Service hours meet majority of demand (between 8am and 8pm) ▶ Shortest opening hours of all options 	Amber

Option 2: a 14-hour doctor led unit

The unit is open to the public for 14 hours; with a further two hours staffing to allow patients in the unit to be treated.

Unit open to public	7am – 9pm, seven days a week	
Unit staffing hours	7am – 11pm, seven days a week	
Impact on internal services	<ul style="list-style-type: none"> ▶ No negative impacts on other services and reduction in seriously ill patients following the change, but may increase with extended hours 	Amber
Impact on external services	<ul style="list-style-type: none"> ▶ No negative impacts on other services and evidence that people are being redirected safely, but 111 use may reduce with extended hours 	Amber
Reduction in waiting times	<ul style="list-style-type: none"> ▶ Evidence that waiting times have reduced with fewer patients waiting over 4 and 12 hours, but may increase with extended hours 	Amber
Compliance / attainment of standards	<ul style="list-style-type: none"> ▶ More robust medical workforce position ▶ Closure overnight prevents unwell patients staying in the unit while they await treatment 	Green
Workforce sustainability	<ul style="list-style-type: none"> ▶ Additional medical recruitment required and training needs ▶ Would not need additional recruitment in Same Day Emergency Care (SDEC) service 	Amber
Financial sustainability	<ul style="list-style-type: none"> ▶ Any additional locum or bank cover could be offset by reduced operating hours 	Green
Addressing barriers to equality / population health	<ul style="list-style-type: none"> ▶ Broadening of start and finish time meet more demand in the day ▶ Earlier start and finish more in line with public transport 	Green

Option 3: a doctor led phased option from 12 hours up to 24 hours

This unit would initially be open for the current 12 hours, with a further two hours staffing to allow patients in the unit to be treated. It would then move to 14 hours, with a further two hours staffing to allow patients in the unit to be treated, and ultimately 24 hours overall. If this option is chosen, the phasing will be developed over time, but there would be a commitment to return to a 24 hour model, seven days a week as soon as it is safe and practical to do so.

Unit open to public	Initially 8am - 8pm, increasing to 7am - 9pm, moving to 24 hours once safe to do so. All times are seven days a week.	
Unit staffing hours	Initially 8am - 10pm, increasing to 7am - 11pm, moving to 24 hours once safe to do so. All times are seven days a week.	
Impact on internal services	▶ No negative impacts on other services and reduction in seriously ill patients following the change, but may increase with extended hours	Amber
Impact on external services	▶ No negative impacts on other services and evidence that people are being redirected safely, but 111 use may reduce with extended hours	Amber
Reduction in waiting times	▶ Evidence that waiting times have reduced with fewer 4 and 12 hour waiting time breaches, but may increase with extended hours	Amber
Compliance / attainment of standards	▶ More robust medical workforce position protecting nurses ▶ Closure overnight prevents unwell patients staying in the unit while they await treatment	Green
Workforce sustainability	▶ Additional medical recruitment required and training needs ▶ Would not need additional recruitment in Same Day Emergency Care (SDEC) service	Amber
Financial sustainability	▶ Any additional locum or bank cover could be offset by reduced operating hours	Green
Addressing barriers to equality / population health	▶ Broadening of start and finish time meet more demand in the day ▶ Earlier start and finish more in line with public transport	Green

Option 4: urgent care centre (Same Day Urgent Care (SDUC) type model) 14 hours a day, seven days a week

This option would be a new way to deliver the service and would see the Minor Injury Unit and the Same Day Emergency Care (SDEC) services come together. SDEC provides tests and treatments for adult patients with medical problems that do not require hospital admission and can be accessed via a patient's GP. This would allow for more injuries/illnesses that need attention urgently but are not critical or life threatening, to be seen and treated, than the current service offers.

Same Day Urgent Care (SDUC) services provide immediate care for non-life-threatening illnesses on the same day you need help. Patients can be referred in by other professionals, or attend on the day. They can diagnose and deal with many of the common problems including minor injuries normally seen at a Minor Injury Unit as well as minor illness.

Patients can be assessed, diagnosed, and treated and then they can return home the same day. They may be given a plan of care involving referrals to other services if necessary. These services will also develop links with community services so that patients can have tests and treatments for certain conditions, avoiding the need to come to the hospital.

Unit open to public	7am – 9pm, seven days a week	
Unit staffing hours	7am – 11pm, seven days a week	
Impact on internal services	<ul style="list-style-type: none"> ▶ Reduction in seriously ill patients following the change but may increase with extended hours. Mitigated with SDEC integration into model. 	Green
Impact on external services	<ul style="list-style-type: none"> ▶ No negative impacts on other services and evidence that people are being redirected safely, but 111 use may reduce with extended hours 	Amber
Reduction in waiting times	<ul style="list-style-type: none"> ▶ Evidence that waiting times have reduced with fewer patients waiting over 4 and 12 hours, but may increase with extended hours. 	Amber
Compliance / attainment of standards	<ul style="list-style-type: none"> ▶ More robust medical workforce position protecting nurses ▶ Closure overnight prevents unwell patients staying in the unit while they await treatment 	Green
Workforce sustainability	<ul style="list-style-type: none"> ▶ Additional medical recruitment required and training needs in Minor Injury Unit and SDEC to expand both services to cover operating hours 	Amber
Financial sustainability	<ul style="list-style-type: none"> ▶ Funding from 24 hour service could offset increase in SDEC nursing requirements. Consultant cover for model may exceed funding. ▶ This option will incur building costs to remodel the space needed. 	Red
Addressing barriers to equality / population health	<ul style="list-style-type: none"> ▶ Broadening of start and finish time meet more demand in the day ▶ Earlier start and finish more in line with public transport 	Green

Scoring the options

The scores shown are the weighted scores for each criteria and shows that there is little difference between the total scores of the two highest scoring options. A breakdown of the option scores by criteria provides greater detail between the options. The scores for the options were as follows, with the highest scoring options highlighted in green:

Criteria	Option 1: 12-hour doctor led unit	Option 2: 14-hour doctor led unit	Option 3: doctor led unit - phased option	Option 4: Urgent care/ treatment centre 14 hour
Impact on internal services	1573	1364	1067	1584
Impact on external services	1085	1036	785	1060
Reduction in waiting times	926	776	626	796
Compliance / attainment of standards	1747	1551	903	1435
Workforce sustainability	2056	1440	2056	1506
Financial sustainability	1218	884	542	721
Addressing barriers to equality	905	1120	1036	1204
Impact on population health outcomes	883	1108	1020	1305
Patient demand to require service	1514	1771	1614	2086
Total	11908	11051	9650	11696

Given that all options are quite similar in their scores, we are keen to hear your views on all four options. The scoring information above may help you in deciding which option you believe best meets the objectives of the consultation.

Seeking your views on options

We have developed four options for how we think services could be provided in the future. Some things are the same for all four options, but there are also new and unique elements for each option.

We do not have a preferred option, and we are also open to hear any new ideas you may have that are within the scope of the consultation and have not already been considered and discounted through the options development process. You can read more about the options that were discounted during the process on page 12 and more information is available in the supporting documents available on our website hduhb.nhs.wales/PPHMIU.

The four options we would like your views on are:

Option 1 - Doctor-led service available every day for 12 hours

Option 2 - Doctor-led service available every day for 14 hours

Option 3 - Doctor-led phased service, available every day initially for 12 hours, increasing to 14 hours, and then 24 hours

Option 4 - Urgent care centre (Same Day Urgent Care type model) available every day for 14 hours a day.

Who we want to talk with and listen to

We appreciate you taking the time to share your views. We are consulting with all members of staff, public who live, work, or have an interest in the Minor Injury Unit at Prince Philip Hospital. This includes partner organisations and stakeholders.

We recognise that people have different interests and perspectives.

You may:

- ▶ Access and use our services
- ▶ Be a carer of someone who accesses our services
- ▶ Work with us as a member of staff, student, or as a volunteer
- ▶ Represent an organisation potentially affected by our proposals
- ▶ Have an interest in health and well-being of people living in and around Carmarthenshire.

It is important that we listen to everyone's views.

What we want to know

We need a sustainable solution for how we provide services at the Minor Injury Unit at Prince Philip Hospital. Lots of work has been done to develop four options for the consultation. At this stage we do not have a preferred option for how services should be provided in the future at the Minor Injury Unit at Prince Philip Hospital.

In this consultation we are asking you to tell us:

- ▶ which proposed option you think best addresses the challenges the Minor Injury Unit at Prince Philip Hospital face; will improve patient and staff safety, help with staff shortages and address the concerns from Health Inspectorate Wales
- ▶ concerns you may have about any of the options, or impacts you think they may have
- ▶ anything else you think we need to consider, including alternative options or ideas you may have

Board members will consider all they have heard leading up to, and during, this consultation, including the Equality Impact Assessments, which will consider how people could be impacted and what needs to be done to reduce any negative impact. They will also consider any new information that may come to light because of this consultation.

It is important that you know that the consultation is specifically to discuss the future service model for the Minor Injury Unit at Prince Philip Hospital. This means that the following services are not open to influence as part of this consultation:

- ▶ The Acute Medical Assessment Unit (AMAU) and Out of Hours GP service at Prince Philip Hospital are not part of this consultation.
- ▶ Minor Injury Units at other hospital and community settings across Carmarthenshire, Ceredigion and Pembrokeshire.

Equalities impacts – protected characteristics

Changing health and care services can have an impact on all of us who live or work in the Hywel Dda area, regardless of age, sex, disability (physical, mental health, and learning disabilities), race, religion and belief, sexual orientation, gender reassignment, marriage or civil partnership, or pregnancy and maternity status.

We must ensure that our proposals are fair to all and take particular care to consider people who are vulnerable. We have already engaged with some groups representing vulnerable people and will continue to do so to ensure they are involved throughout our consultation.

We have produced what is called an Equality Impact Assessment (EqIA) for the Minor Injury Unit at Prince Philip Hospital. An EqIA includes an overview of the potential positive and negative impacts of change on people, and how we will mitigate them and address our equality duties.

You can read more in the full current version of the EqIAs in the supporting documents area of our webpage hduhb.nhs.wales/PPHMIU. We have a supporting document that can provide you with examples of how the different options could affect someone like you or your loved ones. The

family Teulu Jones and their friends are not a real family, but they are typical examples of some people living in our area. They can help illustrate how patients could be affected by different options in this consultation and could help you think about what potential changes could feel like for you.

You can read our Teulu Jones case studies available in the supporting documents area of our webpages. We will talk about scenarios in community events that we will hold during this consultation. We also plan to undertake focus groups with the public, and particularly with vulnerable or disadvantaged groups (referred to as people with protected characteristics) or people who may be affected by these service changes. Information from these groups will be used in the EqlA as we learn more.

EqlAs will be used to help decision makers when considering future developments.

If you would like further detailed information, this can be obtained by contacting:
hywelda.engagement@wales.nhs.uk

Protected characteristics

Some people with a protected characteristic may be more disadvantaged or face more difficulties when trying to access healthcare services. The Equality Act 2010 protects people from being treated worse than other people because of:

- ▶ Age
- ▶ Disability
- ▶ Gender reassignment
- ▶ Marriage and civil partnership
- ▶ Pregnancy and maternity
- ▶ Race
- ▶ Religion and belief (including no religious belief)
- ▶ Sex
- ▶ Sexual orientation.

Our EqlA also considers the possible impacts individuals may experience due to being part of the Armed Forces community, a persons' social and/or economic position, socio-economic and the Welsh language.

In our policies and how we work, we must:

- ▶ cut discrimination, harassment, victimisation, and other conduct that is prohibited by or under the Act
- ▶ advance equality of opportunity between persons who share relevant protected characteristics and persons who do not
- ▶ foster good relations between persons who share relevant protected characteristics and persons who do not.

We also aim to:

- ▶ remove or minimise disadvantages suffered by persons who share a relevant protected characteristic and are connected to that characteristic
- ▶ meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it
- ▶ encourage persons who share a protected characteristic to take part in public life or in any other activity in which participation by such persons is disproportionately low
- ▶ consider how we will tackle prejudice and understanding.

Changing the way our services operate may cause persons with a protected characteristic to experience positive, and/or negative impacts, unintended consequences, or gaps in healthcare provision. We will explore further, during this consultation, the potential differences posed by each of the options. We will also show how negative impacts could be avoided or reduced as well as maximising positive impacts.

Welsh language

Many of you in the area covered by Hywel Dda, 45%, speak Welsh, which is a higher than average number compared to the average across Wales. We continue to make progress towards compliance with the statutory Welsh Language Standards, ensuring that all communication, including digital, print, and signage, is bilingual in Welsh and English, with the Welsh not treated less favourably than the English.

We strive to promote a bilingual environment for you and staff and support our staff to learn and use Welsh in our workplaces and our communities. We are also working to ensure people are offered services in Welsh without having to ask as described in the Welsh Government's More Than Words plan.

We have a target to ensure that 50% of our workforce has a foundation level of Welsh within the next 10 years and we report on our progress through our Welsh Language Annual Report that can be found on our website.

The full EqIA provides further details of how the service changes could impact on the Welsh Language, but we would welcome any other comments and feedback.

What happens next?

In this document, we have set out the background, why we need to change, and the options we are consulting on. A full description of these four options can be found on page 11.

Your feedback, along with other evidence and considerations will help our Board to choose the best option for the future service model at the Minor Injury Unit at Prince Philip Hospital.

The Board will meet later in the year (expected to be towards the end of 2025) to decide the most appropriate option.

How you can get involved

Information on how to get involved and share your views will be available at a range of locations including our hospitals and community premises, council buildings and through voluntary sector organisations.

We will hold drop-in events, both in person and online. Details of where and when you will be able to come and meet us can be found on our website hduhb.nhs.wales/PPHMIU and on our social media channels.

We will also work closely with local media, including radio and press organisations to raise awareness of this consultation.

We appreciate you taking the time to share your views – every person's input matters. Please take time to read this document and tell us what you think by 22 July 2025.

You can do this by:

- ▶ completing the questionnaire online: hduhb.nhs.wales/PPHMIU or on paper (you can request a copy by sending an email to us or calling us on the number below) and posting it to: FREEPOST HYWEL DDA HEALTH BOARD (you will not need a stamp)
- ▶ emailing us: hyweldda.engagement@wales.nhs.uk
- ▶ speaking to us at one of our events (visit the website above for an event near you or online), or by telephoning 0300 303 8322, option 5 (local call rates)

Privacy Statement - what happens with your feedback?

The feedback we receive from individuals will be anonymous. Views provided by organisations or people acting in an official capacity may be published in full.

Our analysis and output report will be presented at a meeting of the Public Board and will be available on our website. This will be shared with Llais for their comments. Llais is the independent statutory body that gives the people of Wales more say in the planning and delivery of their health and social care services.

The Health Board is collecting the data you submit as essential information for us to perform the public task of consulting with you, and this is the legal basis on which we are using your personal data. The Health Board will process any information you provide in response to this consultation in line with the latest data-protection regulations. The Health Board will hold any personal information provided for no more than one year after any decisions are finalised.

General themes raised by communities on the Health Board's social media channels, but not personal information, will be collected so these can be included in the output report.

For our full privacy statement, please visit hduhb.nhs.wales/PPHMIU and view our full privacy notice under useful links.

We are listening

We know it is important to keep you updated, especially when you have taken the time to share your thoughts and views with us.

An output report to this consultation will be published, fully considered, and discussed as part of a Health Board meeting, will be held later in 2025.

Health Board meetings are held in public, with people either able to attend in person or to watch digitally. We will advertise this meeting on our website hduhb.nhs.wales/PPHMIU and social media pages.

A project group for the consultation, made up of Health Board staff, Llais and SOSPPAN, will put forward a recommendation to the Health Board's Directors and Independent Members on the potential way forward for how we could provide services at the Minor Injury Unit at Prince Philip Hospital in Llanelli in the future. This is called the final report.

Board members will consider all they have heard leading up to, and during, this consultation, including the Equality Impact Assessments and other supporting documents and data we have gathered and referred to in this document. They will also consider any new information that may come to light from the consultation.

How we will feed back to you

We will publish the output report and the final report on our website, and we will officially announce when it is available.

We will share these reports as widely as possible with people living in our area who have asked to be kept up to date on developments and by using updates through key stakeholders, the local media, and social media. If you wish to receive these updates, please join our involvement and engagement scheme Siarad Iechyd / Talking Health by:

- ▶ Emailing: hyweldda.engagement@wales.nhs.uk
- ▶ Calling: 0300 303 8322 option 5 (local call rates)
- ▶ Writing to us at: FREEPOST HYWEL DDA HEALTH BOARD.

Thank you, diolch yn fawr.



EICH CYNGOR arleinamdani
www.sirgar.llyw.cymru

YOUR COUNCIL doitonline
www.carmarthenshire.gov.wales

Gofynner am / Please ask for:
Robert Edgecombe

Eich cyf / Your ref:

Llinell Uniongyrchol / Direct Line:

Fy nghyf / My ref: DPSC-233/RJE

01267 224018

E-bost Uniongyrchol / Direct E-mail:
RJEdgeco@carmarthenshire.gov.uk

Ffacs / Fax:

Dyddiad / Date: 30/04/2025

DX744630 Carmarthen 10

To: Clerk to the Council

Dear Sir/Madam,

Re: Code of Conduct Training for Town and Community Councils

LLANELLI RURAL COMMUNITY COUNCIL	
DATE	
FILE REF.	
PASSED TO	
	DJ/cl.

This authority's Standards Committee has taken account of the training session held in 2024 and again resolved to hold another Code training session in 2025.

A decision has been made to hold only one session which will take place remotely via Zoom. There will be no option to attend the session in person in County Hall.

Again the session will be webcast live and a recording of the webcast made available via the council's website for 6 months.

Training will be provided in a mixture of the English and Welsh languages and translation facilities provided.

The session will take place on 10/07/2025 at 2pm.

If any representative of your Council would like to attend this training session, please complete and return the attached attendance form by 01/06/2025.

The form will need to confirm the name of each attendee and the email address to which the meeting link should be sent.

Is-adran Gweinyddiaeth a'r Gyfraith, Adran y Prif Weithredwr,
Neuadd y Sir, Caerfyrddin, Sir Gaerfyrddin, SA31 1JP.
Administration and Law Division, Chief Executive Department,
County Hall, Carmarthen, Carmarthenshire, SA31 1JP.

*Mae croeso i chi gysylltu â mi
yn y Gymraeg neu'r Saesneg
You are welcome to contact
me in Welsh or English*



**BUDDSODDWYR | INVESTORS
MEWN POBL | IN PEOPLE**

By attending the session attendees will be taken to consent to the webcast and recording the session and the sharing of that recording.

Please note that places will be allocated on a first come, first served basis.

Yours Faithfully

Robert Edgecombe

LEWIS & CLARK COMMUNITY COUNCIL	
	DATE
	FILE REF
	PASSED TO

SCHEDULE OF REPORTED MATTERS BY MEMBERS

Item No.	Date:	Raised by	Description	Action	Matters resolved/ reported (week ending)
1.	29.04.25	Cllr. K. Morgan	Dafen Pond - Fishing line hidden below water level round the edge of the pond.	DLO	04.05.25 ✓

30 April, 2025

✓ work completed

LLANELLI RURAL COMMUNITY COUNCIL	
DATE	23 APR 2025
FILE REF.	
PASSED TO	CL

PWLL W.I.

8th April 2025

Mark Galbraith
Clerk to the Council
Llanelli Rural Council
Vauxhall Buildings
Vauxhall
Llanelli
SA15 3BD

RE: FINANCIAL ASSISTANCE – LOCAL WARD DONATION

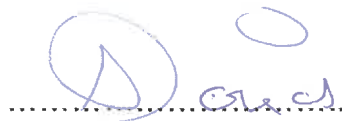
Dear Mr Galbraith,

With reference to your letter C/JS/F3 dated 17th February 2025, on behalf of Pwll W.I. members we wish to thank Cllrs. Martin V Davies, J Susan Phillips and W. Edward Skinner for their kind donation of £400:00 in total.

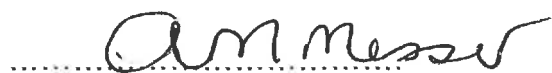
Pwll W.I. is a small but very active Women's Group in our village where members have the opportunity to make new friends, learn new skills, visit new places and try new activities.

Their donation will help to ensure Pwll W.I.'s continued success.

Yours sincerely



Susan David - Hon. President



Anne Messer - Hon. Treasurer